

EXHIBIT B



BUTTE COUNTY SHERIFFS OFFICE

5 C. LICK WAY OROVILLE, CA 95965 530-530-7321
NARRATIVE

Page 1

19-01645

CONTROLLED DOCUMENT - NOT FOR DUPLICATION

Source/Probable Cause:

On March 6, 2019 from the hours of 1900 - 0700, I was working as a Butte County Correctional Deputy in full duty uniform assigned to Delta Floor. On March 7, 2019 at approximately 0250 hours, Delta Control Correctional Deputy E. Perez announced there was a physical altercation taking place in the G-Pod Housing Unit.

Arrival/Investigation:

Sergeant J. Behlke, and Correctional Deputies J. Castillon, J. Dawson, M. Smith, A. Moreland, C. Walberg, P. Klotz, and I responded to G-Pod. Upon arrival, I observed (VIC) Stilwell, Joseph (DOB: 07-07-84) laying prone on the ground in the lower tier restroom area bleeding from his arms and facial area. Stilwell spontaneously stated that the suspect had tried to bite him on the face. I observed (VIC) Beaver, Clarence (DOB: 02-25-71) sitting upon the upper rack of bunk 11 holding a sheet on his face which appeared to be bleeding. Beaver spontaneously stated that the suspect had assaulted him while he was sleeping. I observed (SUS) Hernandez, Antonio (DOB: 01-16-91) laying prone on the floor in the lower tier bed area between bunks 12 and 13. Hernandez was breathing heavily and had blood on his arms and hands indicating that he was a part of the altercation. Deputy Klotz placed mechanical restraints (double locked) on Hernandez.

At approximately 0300 hours, Deputy Klotz and I escorted and placed Hernandez into the Charlie Floor Interview Room. I asked Hernandez if he required any medical attention. Hernandez refused medical attention. Deputy Moreland took photographs of Hernandez.

At 0300 hours, Registered Nurse B. Lawrence and Licensed Vocational Nurse D. Shoemaker medically assessed Stilwell and Beaver for their injuries. Due to the extent of the injuries, RN Lawrence made the decision to send both victims to Oroville Hospital for medical treatment and clearance.

At 0320 hours, Deputies Klotz and Castillon took Stilwell and Beaver to Oroville Hospital. Prior to leaving for Oroville Hospital, Deputy Moreland took photographs of the injuries sustained on both Stilwell and Beaver.

At approximately 0430 hours, I read Hernandez his Miranda Rights from my county issued officer's notebook. Hernandez stated he understood his rights and elected not to speak to me. No further questions were asked.

I reviewed the video surveillance of the G-Pod housing unit during the time of the altercation. At approximately 0250 hours,

Hernandez walked from his bunk 20 to the shower area. Hernandez took the broom stick off the broom head and walked with the broom head back to his bunk. Hernandez walked from his bunk to bunk 11 with the broom head in his hand (Due to the staircase, the camera view of Bunk 11 was completely obstructed and did not show what form of assault happened at bunk 11).

Stilwell got off his top bunk 17 and went to bunk 11. Hernandez and Stilwell appeared from the obstructed view and can be seen involved in a physical altercation with each other. Stilwell and

Prepared By:
42747 YEE, ELVIS
☒ BODY CAMERA RECORDED

Date:
03/08/2019

Approved By:
39701 BEHLKE, JASON

Date:
03/08/2019

COB 00001



BUTTE COUNTY SHERIFFS OFFICE

5 GILICK WAY OROVILLE, CA 95965 530-530-1321
NARRATIVE

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19-01645

CONTROLLED DOCUMENT - NOT FOR DUPLICATION

Hernandez grabbed each other and while interlocked, Hernandez struck Stilwell one time in the facial area with a closed right hand. Stilwell and Hernandez continued the altercation which moved between bunks 12 and 13 where the camera view again became obstructed. No other strikes could be seen.

Deputy P. Klotz retrieved a written statement from Stilwell after being advised of his Miranda Rights of what occurred while at the hospital. The statement read,

I was in my bunk reading my bible when inmate Antonio Hernandez walked up on my left side towards Clarence Beavers rack and struck him in the head with the broom end. I jumped off my rack to stop Mr. Hernandez from doing further damage to Mr. Beaver and Mr. Hernandez struck me in the head and then tried and partially succeeded to bite my face but the bite was not serious. I took Mr. Hernandez to the ground and our combined body weight fractured my left knee. I have received 7 staples to my forehead and am going to need surgery on my knee.

Deputy Klotz asked Stilwell if he wanted to press charges against Hernandez. Stilwell said yes.

On March 7, 2019 at approximately 2350 hours, I had Beaver provide me a written statement after Deputy Castillon advised him of his Miranda Rights of what occurred. The statement read,

On 03-07-19. My name is Clarence Beaver I was woke up to a gentleman named Antonio bashing me in the face which I am told was a broom handle. After a couple of hits I began to rise I see Stilwell grab him or attempting to. Asking other guys to help him get him he took one to the head, he yelled the guy is biting him. I was still in and out wondering what was happening. Blood immediately start pouring from my eye and mouth. The lights come on I see Stilwell has the guy locked. The sheriffs come in and apprehend the guy. Escort us to the hospital.

I asked Beaver if he wanted to press charges against Hernandez. Beaver said yes.

Evidence:

1 DVD of photographs taken from Hernandez, Stilwell, Beaver and video surveillance from the G-Pod Housing Unit during the time of the incident.

Injuries:

(VIC) Beaver suffered a left facial fracture and left leg hematoma as diagnosed by the Oroville hospital Emergency Room.

(VIC) Stilwell suffered a possible left knee fracture and an approximate 5 inch laceration to his upper right forehead area.

(SUS) Hernandez did not appear to suffer any injuries and did not complain of any pain from the altercation.

Prepared By:
42747 YEE, ELVIS
☒ BODY CAMERA RECORDED

Date:
03/08/2019

Approved By:
39701 BEHLKE, JASON

Date:
03/08/2019

COB 00002



BUTTE COUNTY SHERIFFS OFFICE

5 GILDLICK WAY OROVILLE, CA 95965 530-530-7321
NARRATIVE

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19-01645

CONTROLLED DOCUMENT - NOT FOR DUPLICATION
Scene:

G-Pod Male Housing Unit, Butte County Jail, Oroville, CA.

Recommendations:

Forward to District Attorney for prosecution.

Case Status:

Open, Active

Prepared By:
42747 YEE, ELVIS

Date:
03/08/2019

Approved By:
39701 BEHLKE, JASON

Date:
03/08/2019

☒ BODY CAMERA RECORDED

COB 00003

CLASSIFICATION HOUSING ASSIGNMENT

NAME Hernandez, Antonio Juan IID# 144141

DATE	OFFICER	FROM	TO	COMMENTS
4/23/11	McGinn	BKG	E28B	SP-3256
4.26.11	Turner	/	/	Hold Dropped
4/14/13	Dms	BKG	S1/2	PF
4/21/13	Wynn	/	/	30 Day Review
5/14/13	McGinn	/	/	30 Day Review - No Change
5/20/13	Wynn	/	5/18	Formal OCCJ Pending Warrant MUT RELEASE INOW A PF
6-1-13	38	S1/2	5/18/14	PF
6/4/13			5/18/14	
8/10/13	Dms	BKG	E28B	PF
8/10/13	Dms	E28B	K18B	PMP - MOVED TO PROPER CLASS
8/25/13			T/S	
10/13/13	Acosta	BKG	LIA	PF-OCW
10/16/13	McGinn	/	5/18/14	
2/6/14	Wynn	BKG	LIA	
2/6/14	Wynn	LIA	S2B	PMP - CLASSIFICATION ERROR - INMATE HOUSES WITH "BUTCHER" - S20.
2/7/14	Wynn	S2B	A35	PAUSED ON SEP. POSSIBLE MENTAL ISSUES. ADSEP FOR OBSERVATION.
2/25/14	Wynn	A35	M5B	PMP - NO LONGER ON SEP. NO REASON TO BE IN ADSEG. POSSIBLE SOMATOMIC CONCERNS. GOOD FOR FOR MPAD. REE LI. ATTEMPTING MOVE
2/25/15	DP	M5B	G30B	PMP. Refused in Pcd/Requested RC

CLASSIFICATION HOUSING ASSIGNMENT

NAME Hernandez, Antonio Juan ID# 144141

DATE	OFFICER	FROM	TO	COMMENTS
2/28/09	KC	Bkg	MIAA	PF
3-08-09	Gertz	/	/	30 day rev NC
4/9/09	KC	MIDA	ND	SF - Sent to Colima on ROAD CREW
4-12-09	A.G.	/	/	90 day rev NC
4/23/09	GRAY	NDAA	SD9A	PMP - KITCHEN CREW ALLERGIES on ROAD CREW
4/25/09	GRAY	SD9A	AS1	PMP on S/w
5/1/09	GRIM	AS1	ND7A	PMP DC FROM S/w
5-12-09	Turner	/	/	TS
7/6/09	GRAY	BKG	SD4A	PF
10/6/09	GRIM	/	/	Kitchen CREW
10/11/09	KC	/	/	30 day rev - NC
11-08-09	A.G.	/	/	90 Day Rev NC
11/11/09	KC	/	/	tried to refuse work stated sick. ok'd by medical to work - Refused again. told go to work or get fined + lose any kind of early release. went to work?
12-21-09	Turner	/	/	TS
5-13-10	A.G.	BKG	J12A	PF
06/13/10	BENNEY	/	/	30 DAY REV N/C
7-11-10	A.G.	/	/	30 day rev NC
7/29/10	GRIM	/	/	SF TO STATE PRISON N/C IN CLASS
8-5-10	A.G.	/	/	CDC

BUTTE COUNTY SHERIFF OFFICE
INTER-DEPARTMENT MEMORANDUM

TO: Classification

FROM: Hernandez, Antonio Juan 1441141

SUBJECT: Refusal or Removal from Protective Custody

DATE: 2/28/09

1: AH I refuse Protective Custody status. I understand my classification would place me in Protective Custody due to current or past charges or because of circumstance beyond my control.

2: AH I request to be housed in general population.

3: AH I acknowledge that Classification has informed me of possible problems or conflicts with other inmates due to my charges or my situation.

4: AH I hereby accept full responsibility and liability if I am injured or otherwise harmed because of this decision.

5: AH I also understand that I may request Protective Custody status at anytime in the future.

6: AH I have read, understand, and concur with the above statements.

Reason for need for Protective Custody:

273 ACJ Child cruelty, Poss Injury / Death arrest
8/28/08 - no conv. info

Antonio Hernandez
Inmate's Signature
Antonio - 11
RR

Alampara
Classification Officer's Signature
2/6/19
7/05/10

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: HERNANDEZ, ANTONIO IID# 144141

HOUSING ASSIGNMENT: OLD: Q3 NEW: A83

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. ☒ Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM ☒ MAXIMUM

REMARKS: _____

CLASSIFICATION OFFICER: [Signature] DATE: 4/27/19

REVIEWING OFFICER: [Signature] DATE: 4/27/19

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: HERNANDEZ, ANTONIO IID# 144141

HOUSING ASSIGNMENT: OLD: T1 NEW: Q3

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM

REMARKS: SPIT ON STAFF. WOULD NOT CUFF UP.
NOW ON SPP

CLASSIFICATION OFFICER: [Signature] DATE: 4/24/19

REVIEWING OFFICER: [Signature] DATE: 4/24/16

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: Hernandez, Antonio IID# 144141

HOUSING ASSIGNMENT: OLD: G2013 NEW: A83

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM

REMARKS: PMP- 2 CD Fv V

CLASSIFICATION OFFICER: [Signature] DATE: 3/7/19

REVIEWING OFFICER: [Signature] DATE: 3/7/19

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: Hernandez, Antonio IID# 144141

HOUSING ASSIGNMENT: OLD: M1513 NEW: G20B

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. ~~Three or more disciplinary findings within 30 days~~
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM

REMARKS: PMP

CLASSIFICATION OFFICER: [Signature] DATE: 2/20/19
REVIEWING OFFICER: [Signature] DATE: 2/26/19

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: HERNANDEZ, Antonio IID# 144141

HOUSING ASSIGNMENT: OLD: A85 NEW: M15B

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM

REMARKS: juv

CLASSIFICATION OFFICER: [Signature] DATE: 2/15/19

REVIEWING OFFICER: [Signature] DATE: 2/25/19

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: HERNANDEZ, ANTONIO IID# 144141

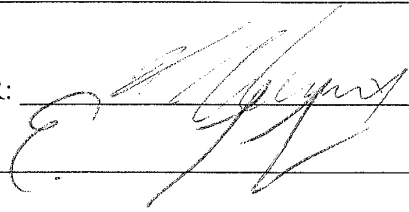
HOUSING ASSIGNMENT: OLD: S2B NEW: ABS

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM

REMARKS: SIP + MENTAL HEALTH

CLASSIFICATION OFFICER:  DATE: 2/7/19
REVIEWING OFFICER: _____ DATE: 2/7/19

IN-CUSTODY RE-ASSESSMENT SCALE

INMATES NAME: Hernandez, Antonio IID# 144141

HOUSING ASSIGNMENT: OLD: L1A NEW: 82B

REASON FOR REASSESSMENT:

1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: _____ End: _____
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up

FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM

REMARKS: INMATE HOUSES WITH "BLACKS" CLASSIFICATION ORDER

CLASSIFICATION OFFICER: [Signature] DATE: 2/6/19

REVIEWING OFFICER: [Signature] DATE: 2/6/19

INITIAL CUSTODY ASSESSMENT SCALE

Inmate Name: HERNANDEZ, ANTONIOID# 144141

1. Severity of Current Charge: Charge: 273.5(A) 0 2 (5) 7 Score: 5
 2. Serious Offense History: Charge: 32 / 1st 0 (2) 5 7 Score: 2
 3. Escape History: Charge: _____ (0) 3 7 Score: 0

PC4530(a), 4530(b), 4532(b), WI 871, 1768.7

TOTAL ITEMS 1-3: 7

4. Disciplinary History: Three Serious Write-Ups: 1
 Four or More Write-Ups: 3
 Score: 0

5. Prior Felony Convictions (Non Current) None: 0
 One: (2)
 Two or More: 4 Score: 2

6. Alcohol and/or Drug Abuse: None: 0
 One to Five: (1)
 Six or More: 3 Score: 1

TOTAL ITEMS 1-6: 10

7. Stability Factors: Age 26 or Older: (-1)
 Employed, Retired, School 6 Months Prior to the Arrest: X
 Lived at Same Address for 12 Months or More: X Score: -1

TOTAL ITEMS 1-7: 9OVERRIDE: (YES) NOREASON: PFM RATE & coop. Previous P/C Housings. EQ SPAND SIGNED WAIVER.FINAL CUSTODY RATING:
(Circle)

MINIMUM

MEDIUM

MAXIMUM

DNA IN XJAIL: YES NO
 GANG LIST UPDATED: YES NO
 HOLDS/ICE: YES NO
 ENEMIES: YES NO
 PC WAIVER SIGNED: YES NO
 ALL FORMS SIGNED: YES NO

AFFILIATION: _____
 AGENCY: _____
 NAME: _____

PRIMARY CLASSIFICATION OFFICER: [Signature] 7/9DATE: 2/6/19SECONDARY CLASSIFICATION REVIEW: [Signature]DATE: 2/6/19

Classification Questionnaire

Last Name: Antonia First Name: Hermon Initial: HA

Any other name(s) you have been known by: None

Street Address: 1027 City: CHICO State: CA

How long have you lived at the above address? 5 months

Are you right handed or left handed? Left

What is your sexual preference? (Men, Women, Both) _____

What is your religious preference? Christian

What is your race or national origin? Black n mexican

If you are a Foreign National have you contacted a consular or embassy official? NO

If no, would you like one contacted? NO Time/Date Contacted: _____

Officer's name and Employee # that made contact: _____

Do you have facial hair? (Goatee, Mustache, Beard) 1e bat/n

List all of your tattoos if any (what they are/where they are) _____

_____ same

List any scars you may have _____

Do you have any amputations or prosthetics? _____

Employer's name and address: None

How long have you worked for above employer? (Years/Months) _____

How many days a week do you work there? _____

Where did you go to high school? (School name/City/State) _____

Did you graduate from High School? NO If no highest grade completed _____
(If yes do not fill out Special Education Questionnaire)

Were you in any special classes in school? YES

Did you have an IEP (Individual Education Plan)? _____
(If inmate answers yes to either of these questions, and is 18-21 years of age proceed to Special Education questionnaire.)

Where did you go to college? NO

Are you currently enrolled in school? If yes, Where? NO

How long have you been attending school? _____

Are you on Cover probation or parole? _____ Who is your P.O.? _____

Did you serve in the US Military or are you a widow/widower of a Veteran _____

Type of discharge. (Circle One)

Honorable/ Other _____

Would you like to speak with a Veterans Service Representative? _____

(If inmate answers yes to both questions above notify Veterans Service Officer.)

What other county jails have you been in? Redons

What state prisons have you been in? YES

Have you ever been in Protective Custody? YES

Why were you placed there? (Charges/Enemies/Informant) _____

Have you ever escaped from custody? If yes, where/when? _____

Have you ever been written up for rule violations? _____

Have you ever been assaulted in custody? _____

Do you have any medical or mental disorders? If yes, what are they? mood swings +

Bipolar
Do you have any current injuries? _____ What? _____

Do you have private health insurance? _____ Name of company? _____

Have you ever attempted suicide? If so, when?

Yes

1 1/2 year ago

Do you feel like killing yourself now?

no

would like to speak with mental health

Do you drink alcohol?

NO

How much do you drink in a week?

Do you use street drugs?

NO

What type of drugs do you use?

None

How do you use it? (Smoke/Snort/Intravenously)

NO

Who can we contact in case of an emergency? (Name/Address/Phone)

✓

Do you have any enemies or anyone you cannot be housed with?

No

Have you ever been a victim of gang violence? If yes, when?

Where?

Why?

Are you a gang member?

NO

Have you ever been a gang member?

What is the name of your gang?

What do the members of your gang call you?

What city did your gang originate in?

What turf does your gang claim?

Who is your biggest rival gang?

Does your gang have any special color or clothing?

How many men are in your gang?

Women?

Classification Officer's Comments:

Conf / Police

CLASSIFICATION OFFICER:

[Signature]

Date:

2/6/19

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

TO: Jarrod Agurkis, Operations Lieutenant

FROM: Jason Behlke, Correctional Sergeant

SUBJECT: Hernandez, Antonio IID#144141 Involuntary Medication

DATE: 09-30-19

On 09/30/19 at approximately 1815 hours, LVN J. Hemstalk advised staff that inmate Hernandez, Antonio IID#144141 would need to have involuntary medication administered to him per medical directive.

Deputies J. Dawson, C. Walberg, M. Smith, C. Martin and K. Dunn assisted LVN J. Hemstalk with this procedure. Hernandez was instructed to lay face down on his bunk so the medication could be administered. Hernandez followed all instructions given by staff with little to no resistance. The above mentioned staff entered the cell, administered the medication via injection and exited without incident.

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant

FROM: D. Mell, Correctional Sergeant

SUBJECT: Clothing and Mattress Review: Hernandez, Antonio IID# 144141

DATE: 5-14-19

On May 11, 2019 inmate Hernandez, Antonio IID# 144141 was provided a mattress.

On May 12, 2019 Hernandez destroyed the mattress and utilized it to clog the toilet flooding A-Pod.

On May 14, 2019 I spoke with Hernandez regarding his review. Hernandez denied flooding the pod with the destroyed mattress and agreed that he would not destroy any more clothing or bedding. Due to Hernandez falsely representing the truth and his recent destruction of county issued items I am keeping him on clothing and mattress review. Hernandez's status will be reviewed every 24 hours during dayshift.



Butte County Sheriff's Office
Jail Division
Inter-Office Memorandum

Date: 5/7/2019

To: J. Agurkis, Operations Lieutenant

From: T. Leonard, OIC

Subject: Inmate Hernandez, Antonio IID#144141 Mattress Review

On 5/7/2019 attempts were made throughout the day for communicate with Inmate Hernandez, Antonio IID#144141 regarding whether he would destroy a mattress if one were to be issued to him. Hernandez would not respond to Deputies questions.

Hernandez was not issued a new mattress. Hernandez will continue mattress review, this status will be evaluated every 24 hours.

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

DATE: November 12, 2019
TO: Classification
FROM: Correctional Lieutenant B. Meyer
SUBJECT: Removal of Antonio Hernandez (IID# 144141) from 2 Officer Move

I am removing Antonio Hernandez (IID# 144141) from 2 Officer Move.

Hernandez has shown improvement in his behavior, hasn't had a write up in 50 days, and has been compliant with taking his medication while on the Jail Based Competency Treatment program.

BUTTE COUNTY SHERIFF'S OFFICE DISCIPLINARY ACTION REPORT		CASE # <u>1910230048</u> <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR	
INMATE NAME: <u>HERNADEZ, ANTONIO</u> <div style="display: flex; justify-content: space-around; font-size: small;"> (Last) (First) </div>		INMATE ID # <u>144141</u>	
Date/Time of Incident: <u>10/23/19 @ 1305</u> Date/Time Informed of Charges: <u>10/23/19 @ 1609</u> Time Waived: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inmate's Initials: <u>AH</u> Date/Time of Hearing: _____ Inmate Waives Presence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inmate's Initials: <u>AH</u>			
HEARING		FINDING	
Inmate present	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Not Responsible <input type="checkbox"/>	
Inmate advised of charges	<input checked="" type="checkbox"/> <input type="checkbox"/>	Responsible - Admitted <input checked="" type="checkbox"/>	
Inmate submit documentary evidence	<input type="checkbox"/> <input checked="" type="checkbox"/>	Responsible - Determined by Evidence <input type="checkbox"/>	
Inmate witnesses present	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) _____ _____ _____			
Inmate's Signature: _____ Hearing Officer's Signature: <u>AH</u>			
REVIEW OF INMATE FILE Projected release date: <u>PF</u> Number of previous affirmed violations: SERIOUS <u>1</u> MINOR <u>1</u> <u>MASUR</u>			
RECOMMENDED PENALTY			
<input type="checkbox"/> DISCIPLINARY ISOLATION (Maximum 10 days unless new violation)		FROM _____ TO _____	
<input type="checkbox"/> DISCIPLINARY DIET (See Title 15 - Section 1083g)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF GOOD TIME (Earned and/or future)		NUMBER OF DAYS _____	
<input type="checkbox"/> LOSS OF WORK TIME (Work related violation - Earned cannot be taken)		NUMBER OF DAYS _____	
<input type="checkbox"/> LOSS OF COMMISSARY (Excludes personal hygiene - Legal material)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF TELEPHONE (Excludes legal calls)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF RECREATION YARD		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF VISITS (Excludes legal visits)		FROM _____ TO _____	
<input type="checkbox"/> REMOVAL FROM WORKER STATUS		FROM _____ TO _____	
<input type="checkbox"/> RESTRICTION TO CELL/DORMITORY		FROM _____ TO _____	
<input type="checkbox"/> WORK CONTRACT		FROM _____ TO _____	
<input checked="" type="checkbox"/> VERBAL COUNSELING - WARNING - REPRIMAND		NUMBER OF HOURS _____	
COMMENTS: <u>MASUR FLAGRANT FAILURE to FOLLOW SAFETY + SANITATION REGULATIONS</u>			
Inmate's Signature: _____ Appeal: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disciplinary Officer's Signature: <u>L NIVIS</u> <u>10/30/19</u>			
Reviewer's (Lt/ASH) Signature: <u>20124</u> Date/Time: _____			
<input type="checkbox"/> AFFIRMED			
<input type="checkbox"/> REDUCED (Reason): _____			
<input type="checkbox"/> DISMISSED (Reason): _____			

A-83

BULTE COUNTY SHERIFF'S OFFICE DISCIPLINARY ACTION REPORT		CASE # _____ <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR	
INMATE NAME: <u>Hernandez, Antonio</u> (Last) (First)		INMATE ID # <u>144141</u>	
Date/Time of Incident: <u>09-23-19 0830</u>			
Date/Time Informed of Charges: <u>09-23-19 1740</u> Time Waived: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inmate's Initials: <u>Ref</u>			
Date/Time of Hearing: <u>09-23-19 1740</u> Inmate Waives Presence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inmate's Initials: <u>Ref</u>			
HEARING		FINDING	
Inmate present	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Not Responsible <input type="checkbox"/>	
Inmate advised of charges	<input checked="" type="checkbox"/> <input type="checkbox"/>	Responsible - Admitted <input type="checkbox"/>	
Inmate submit documentary evidence	<input type="checkbox"/> <input checked="" type="checkbox"/>	Responsible - Determined by Evidence <input checked="" type="checkbox"/>	
Inmate witnesses present	<input type="checkbox"/> <input checked="" type="checkbox"/>	<u>Ref</u>	
Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) _____			
Inmate's Signature: <u>Ref</u>			
Hearing Officer's Signature: <u>D. B. /</u>			
REVIEW OF INMATE FILE			
Projected release date: <u>11-</u>			
Number of previous affirmed violations: SERIOUS <u>0</u> MINOR <u>0</u>			
RECOMMENDED PENALTY			
<input type="checkbox"/> DISCIPLINARY ISOLATION (Maximum 10 days unless new violation)		FROM _____ TO _____	
<input type="checkbox"/> DISCIPLINARY DIET (See Title 15 - Section 1083g)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF GOOD TIME (Earned and/or future)		NUMBER OF DAYS _____	
<input type="checkbox"/> LOSS OF WORK TIME (Work related violation - Earned cannot be taken)		NUMBER OF DAYS _____	
<input checked="" type="checkbox"/> LOSS OF COMMISSARY (Excludes personal hygiene - Legal material)		FROM <u>10/2/19</u> TO <u>10/9/19</u>	
<input type="checkbox"/> LOSS OF TELEPHONE (Excludes legal calls)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF RECREATION YARD		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF VISITS (Excludes legal visits)		FROM _____ TO _____	
<input type="checkbox"/> REMOVAL FROM WORKER STATUS		FROM _____ TO _____	
<input type="checkbox"/> RESTRICTION TO CELL/DORMITORY		FROM _____ TO _____	
<input type="checkbox"/> WORK CONTRACT		NUMBER OF HOURS _____	
<input type="checkbox"/> VERBAL COUNSELING - WARNING - REPRIMAND			
COMMENTS: <u>Serious Disruptive conduct.</u>			
Inmate's Signature: _____			
Disciplinary Officer's Signature: <u>Guerra Mayo 58 1/24/19</u> Appeal: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reviewer's (Lt/ASH) Signature: <u>Ref</u> Date/Time: _____			
<input type="checkbox"/> AFFIRMED			
<input type="checkbox"/> REDUCED (Reason): _____			
<input type="checkbox"/> DISMISSED (Reason): _____			

DISTRIBUTION: WHITE - Inmate File; CANARY - Classification; PINK - Inmate

J-110 09/25/96

COB 00024

BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION:
☐ INFORMATION ☐ OFFICER SAFETY ☐ INMATE SAFETY ☐ FACILITY SECURITY ☐ OTHER

 VIOLATION TYPE: ☐ MAJOR ☐ SERIOUS ☐ MINOR

 VIOLATION ENTERED INTO OFFENDERTRAK: ☐ YES ☐ NO

 CASE #: _____ EVENT #: **1909230076** DISPOSITION: **JSROT**
INMATE INFORMATION:

NAME (Last, First):

Hernandez, Antonio

HOUSING LOCATION:

BEFORE: **A83**AFTER: **A83**

IID #:

144141

BKG #:

STATUS:

VICTIM / WITNESS INFORMATION:

NAME(S) & HOUSING LOCATIONS:

Correctional Deputies Singley, Hawk, Weber, Rykaart, Willadsen, and Ramirez**INCIDENT INFORMATION:**

INCIDENT / VIOLATION #:

22.14. Disruptive conduct.**25.1. Willful destruction of county property.**

DATE:

09-23-2019

APPROXIMATE TIME:

0930 hrs.

NARRATIVE: On 09/23/2019 from the hours of 0700 to 1900 I was working in full duty uniform at the Butte County Jail Correctional Facility. Per Sergeant Brownfiled I was assigned to work as the Charlie Floor Control Tower Correctional Deputy.

At approximately 0930 hours Inmate Hernandez, Antonio (144141) was out in the dayroom area of the A Pod Housing Unit. While out for his allotted dayroom time he attempted to break one of the dayroom phones by smashing the phone against the mounted phone box. I gave Inmate Hernandez multiple verbal orders to lock down, he did not comply. Correctional staff was notified of Inmate Hernandez's unwillingness to lock down. Correctional Deputies Singley, Hawk, Weber, Rykaart, Willadsen, and Ramirez all responded to the A Pod Housing Unit door. As correctional staff entered the A Pod Housing Unit, Inmate Hernandez locked down within his cell without incident.

Bayoneta 67

Disp. JSROT

Event #: 1909230076

OFFICER SIGNATURE



INMATE SIGNATURE

"I have received a copy of this report."

BADGE #

DATE AND TIME

RECEIVED BY SUPERVISOR

DATE AND TIME

RECEIVED BY DISCIPLINARY OFFICER

DATE AND TIME

HEARING DATE AND TIME

INMATE NOTIFIED DATE AND TIME

COB 00025



BUTT COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page of

REPORT INFORMATION:
☒ INFORMATION ☐ OFFICER SAFETY ☒ INMATE SAFETY ☐ FACILITY SECURITY ☐ OTHER

 VIOLATION TYPE: ☐ MAJOR ☐ SERIOUS ☐ MINOR

 VIOLATION ENTERED INTO OFFENDERTRAK: ☐ YES ☐ NO

CASE #: EVENT #: 19-05-06-0072 DISPOSITION: JMSIN

INMATE INFORMATION:

NAME (Last, First):

Hernandez, Antoino

HOUSING LOCATION:

BEFORE: A83

AFTER:

IID #:

144141

BKG #:

STATUS:

VICTIM / WITNESS INFORMATION:

NAME(S) & HOUSING LOCATIONS:

INCIDENT INFORMATION:

INCIDENT / VIOLATION #:

DATE:

05-06-2019

APPROXIMATE TIME:

1120 hrs.

NARRATIVE: On 05-06-2019 I, Correctional Deputy R. Adamson, was assigned as the West Facility Roving Deputy from the hours of 0700-1900 in full duty uniform.

At approximately 1120 hours I was distributing afternoon meal service in the A pod Housing Unit as I approached cell A83 which currently houses inmate Hernandez, Antoino IID: 144141, as the sole occupant, I looked into the cell and observed that Hernandez had ripped his mattress into multiple pieces. I observed further that Hernandez had smeared fecal matter on the walls of the cell and had filled his toilet with torn mattress pieces.

At approximately 1121 hours I approached cell A85, which currently houses inmate Perrelli, Kai IID: 175333 as the sole occupant, I looked into his cell and observed food, trash and soiled clothes on the floor and in the toilet.

After making these observations I alerted OIC T. Leonard to the conditions of these individuals' cells, and recommended that they be placed on clothing and mattress review. OIC Leonard agreed and ordered the cells cleaned. This task was completed and both individuals were returned to their cells without incident.

End of Report

R. Adamson

DISPO: JMSIN

EVENT #

19-05-06-0072

OFFICER SIGNATURE

BADGE #

INMATE SIGNATURE

"I have received a copy of this report."

DATE AND TIME

RECEIVED BY SUPERVISOR

DATE AND TIME

RECEIVED BY DISCIPLINARY OFFICER

DATE AND TIME

COB 00026



Butte County Sheriff's Office
Jail Division
Inter-Office Memorandum

Date: 5/6/2019
To: J. Agurkis, Operations Lieutenant
From: T. Leonard, OIC
Subject: Inmate Hernandez, Antonio IID#144141 Mattress Review

On 5/6/2019 at approximately 1200 hours I was advised during the cleaning of cell A83, currently occupied by Inmate Hernandez, Antonio IID#144141, the mattress had been destroyed. Pieces of the mattress had been shoved into the toilet.

The cell was cleaned and Hernandez was not issued a new mattress. Hernandez has been placed on mattress review. This status will be evaluated every 24 hours.



BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page of

REPORT INFORMATION:				
<input checked="" type="checkbox"/> INFORMATION	<input type="checkbox"/> OFFICER SAFETY	<input type="checkbox"/> INMATE SAFETY	<input type="checkbox"/> FACILITY SECURITY	<input type="checkbox"/> OTHER
VIOLATION TYPE: <input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR				
VIOLATION ENTERED INTO OFFENDERTRAK: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
CASE #:	EVENT #: 1907300129		DISPOSITION: JHUS	

INMATE INFORMATION:			
NAME (Last, First): Hernandez, Antonio Juan		HOUSING LOCATION:	
		BEFORE: A83/1	AFTER: A83/1
IID #: 144141	BKG #: 19001211	STATUS: PRE-SENTENCED	

VICTIM / WITNESS INFORMATION:
NAME(S) & HOUSING LOCATIONS: Sgt Behlke & CD's Stockwell, Walberg, & Klotz

INCIDENT INFORMATION:		
INCIDENT / VIOLATION #: Cell Cleaning	DATE: 7/30/2019	APPROXIMATE TIME: 1000 hrs.
<p>NARRATIVE: On July 30, 2019, at approximately 0750 hrs, after conducting his supervisor check, Sgt Behlke ordered me to clean cell A83, belonging to inmate Hernandez, Antonio #144141.</p> <p>At approximately 1000, I assisted Correctional Deputy Klotz with applying waist and leg restraints, then escorted inmate Hernandez out of his cell. I then took the inmate workers from E-Pod to conduct the cleaning of cell A83.</p> <p>During the cleaning, inmate Eastman, Barry Lee #161859 got an unknown substance in his right eye. With CD Stockwell standing by with the other workers, I escorted inmate Eastman to a sink to wash his eye out and he then returned to the cleaning detail without an further complaint of discomfort.</p> <p>The cell search and cleaning was completed a short time later and Hernandez was placed back into his cell. Inmate Hernandez was compliant through the entire detail.</p> <p>Approximately a half an hour later, Dr. Ladine was on Charlie Floor and observed Eastman's right eye. Eastman was cleared for continued housing.</p> <p>J68 Panuke JHUS 1907300129</p>		

OFFICER SIGNATURE

BADGE #

INMATE SIGNATURE

"I have received a copy of this report."

DATE AND TIME

RECEIVED BY SUPERVISOR

DATE AND TIME

RECEIVED BY DISCIPLINARY OFFICER

DATE AND TIME

COB 00028



BUTTE COUNTY SHERIFF'S OFFICE
INTER-DEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant

FROM: D. Brownfield, Correctional Sergeant

SUBJECT: Clothing Review: Hernandez, Antonio IID#144141

DATE: 07-27-19

On 07-25-19 Hernandez was placed on mattress review.
On 07-27-19 I attempted to speak to Hernandez regarding his mattress review.
Hernandez refused to speak to me.
Hernandez will continue on mattress review status. This status will be reviewed every 24 hrs.



BUTTE COUNTY SHERIFF'S OFFICE
INTER-DEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant
FROM: D. Brownfield, Correctional Sergeant
SUBJECT: Clothing Review: Hernandez, Antonio IID#144141
DATE: 07-26-19

On 07-25-19 Hernandez was placed on mattress review.
On 07-26-19 Hernandez refused to speak with me regarding his mattress.
Hernandez will remain on mattress review. This status will be reviewed every 24 hrs.

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant

FROM: K. Turner, Correctional Sergeant

SUBJECT: Hernandez, Antonio IID 144141-Mattress Review

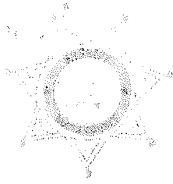
DATE: July 25, 2019

At approximately 2250 hours Inmate Hernandez, Antonio IID 144141 was placed on Facility Mattress Review due to using his mattress to cover the window to his cell. His mattress was removed to enable staff to conduct health and wellbeing checks. Hernandez' mattress review status will be conducted every 24 hours during nightshift.

CC: Jones, Jerry, Jail Commander, Under Sheriff
Hadley, Robert, Correctional Lieutenant
Hovey, Daryl, Correctional Lieutenant

A93

BUTTE COUNTY SHERIFF'S OFFICE DISCIPLINARY ACTION REPORT		<div style="display: flex; justify-content: space-between;"> <div> CASE # _____ <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR </div> <div> INMATE ID # <u>144141</u> </div> </div>																				
INMATE NAME: <u>Hernandez</u> <u>Antonio</u> <div style="display: flex; justify-content: space-around; font-size: small;"> (Last) (First) </div>																						
Date/Time of Incident: <u>7-13-19 0055</u> Date/Time Informed of Charges: <u>07/13/19 0540</u> Time Waived: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inmate's Initials: <u>REF</u> Date/Time of Hearing: <u>07/13/19 0540</u> Inmate Waives Presence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inmate's Initials: <u>REF</u>																						
<p style="text-align: center;">HEARING</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> <tr> <td>Inmate present</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inmate advised of charges</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inmate submit documentary evidence</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Inmate witnesses present</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	Inmate present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inmate advised of charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inmate submit documentary evidence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inmate witnesses present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p style="text-align: center;">FINDING</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Not Responsible</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Responsible - Admitted</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Responsible - Determined by Evidence</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="text-align: center; margin-top: -10px;"><u>REPORT</u></p>	Not Responsible	<input type="checkbox"/>	Responsible - Admitted	<input type="checkbox"/>	Responsible - Determined by Evidence	<input checked="" type="checkbox"/>
	Yes	No																				
Inmate present	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Inmate advised of charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Inmate submit documentary evidence	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Inmate witnesses present	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Not Responsible	<input type="checkbox"/>																					
Responsible - Admitted	<input type="checkbox"/>																					
Responsible - Determined by Evidence	<input checked="" type="checkbox"/>																					
Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) <u>REFUSED TO PARTICIPATE. STATED "FUCK YOU I DONT WANT IT"</u>																						
Inmate's Signature: <u>REFUSED</u> Hearing Officer's Signature: <u>SINKEY 46</u>																						
<p>REVIEW OF INMATE FILE</p> Projected release date: <u>PP</u> Number of previous affirmed violations: SERIOUS <u>0</u> MINOR <u>0</u>																						
<p>RECOMMENDED PENALTY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <input type="checkbox"/> DISCIPLINARY ISOLATION (Maximum 10 days unless new violation) <input type="checkbox"/> DISCIPLINARY DIET (See Title 15 Section 1083g) <input type="checkbox"/> LOSS OF GOOD TIME (Earned and/or future) <input type="checkbox"/> LOSS OF WORK TIME (Work related violation - Earned cannot be taken) <input checked="" type="checkbox"/> LOSS OF COMMISSARY (Excludes personal hygiene - Legal material) <input type="checkbox"/> LOSS OF TELEPHONE (Excludes legal calls) <input type="checkbox"/> LOSS OF RECREATION YARD <input checked="" type="checkbox"/> LOSS OF VISITS (Excludes legal visits) <input type="checkbox"/> REMOVAL FROM WORKER STATUS <input type="checkbox"/> RESTRICTION TO CELL/DORMITORY <input type="checkbox"/> WORK CONTRACT <input type="checkbox"/> VERBAL COUNSELING - WARNING - REPRIMAND </td> <td style="width: 40%; vertical-align: top;"> <div style="margin-bottom: 10px;"> FROM _____ TO _____ NUMBER OF DAYS _____ </div> <div style="margin-bottom: 10px;"> FROM <u>7/24/19</u> TO <u>8/14/19</u> NUMBER OF DAYS _____ </div> <div style="margin-bottom: 10px;"> FROM _____ TO _____ NUMBER OF HOURS _____ </div> </td> </tr> </table>			<input type="checkbox"/> DISCIPLINARY ISOLATION (Maximum 10 days unless new violation) <input type="checkbox"/> DISCIPLINARY DIET (See Title 15 Section 1083g) <input type="checkbox"/> LOSS OF GOOD TIME (Earned and/or future) <input type="checkbox"/> LOSS OF WORK TIME (Work related violation - Earned cannot be taken) <input checked="" type="checkbox"/> LOSS OF COMMISSARY (Excludes personal hygiene - Legal material) <input type="checkbox"/> LOSS OF TELEPHONE (Excludes legal calls) <input type="checkbox"/> LOSS OF RECREATION YARD <input checked="" type="checkbox"/> LOSS OF VISITS (Excludes legal visits) <input type="checkbox"/> REMOVAL FROM WORKER STATUS <input type="checkbox"/> RESTRICTION TO CELL/DORMITORY <input type="checkbox"/> WORK CONTRACT <input type="checkbox"/> VERBAL COUNSELING - WARNING - REPRIMAND	<div style="margin-bottom: 10px;"> FROM _____ TO _____ NUMBER OF DAYS _____ </div> <div style="margin-bottom: 10px;"> FROM <u>7/24/19</u> TO <u>8/14/19</u> NUMBER OF DAYS _____ </div> <div style="margin-bottom: 10px;"> FROM _____ TO _____ NUMBER OF HOURS _____ </div>																		
<input type="checkbox"/> DISCIPLINARY ISOLATION (Maximum 10 days unless new violation) <input type="checkbox"/> DISCIPLINARY DIET (See Title 15 Section 1083g) <input type="checkbox"/> LOSS OF GOOD TIME (Earned and/or future) <input type="checkbox"/> LOSS OF WORK TIME (Work related violation - Earned cannot be taken) <input checked="" type="checkbox"/> LOSS OF COMMISSARY (Excludes personal hygiene - Legal material) <input type="checkbox"/> LOSS OF TELEPHONE (Excludes legal calls) <input type="checkbox"/> LOSS OF RECREATION YARD <input checked="" type="checkbox"/> LOSS OF VISITS (Excludes legal visits) <input type="checkbox"/> REMOVAL FROM WORKER STATUS <input type="checkbox"/> RESTRICTION TO CELL/DORMITORY <input type="checkbox"/> WORK CONTRACT <input type="checkbox"/> VERBAL COUNSELING - WARNING - REPRIMAND	<div style="margin-bottom: 10px;"> FROM _____ TO _____ NUMBER OF DAYS _____ </div> <div style="margin-bottom: 10px;"> FROM <u>7/24/19</u> TO <u>8/14/19</u> NUMBER OF DAYS _____ </div> <div style="margin-bottom: 10px;"> FROM _____ TO _____ NUMBER OF HOURS _____ </div>																					
COMMENTS: <u>MAJOR R.4 FAILURE TO FOLLOW SAFETY REGULATIONS</u>																						
Inmate's Signature: _____ Appeal: <input type="checkbox"/> Yes <input type="checkbox"/> No Disciplinary Officer's Signature: <u>LARUE</u> <u>7/15/19</u>																						
Reviewer's (Lt/ASH) Signature: <u>244</u> Date/Time: _____																						
<input type="checkbox"/> AFFIRMED <input type="checkbox"/> REDUCED (Reason): _____																						
<input type="checkbox"/> DISMISSED (Reason): _____																						



BUTT COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION:				
<input type="checkbox"/> INFORMATION	<input type="checkbox"/> OFFICER SAFETY	<input type="checkbox"/> INMATE SAFETY	<input type="checkbox"/> FACILITY SECURITY	<input type="checkbox"/> OTHER
VIOLATION TYPE:		<input checked="" type="checkbox"/> MAJOR	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR
VIOLATION ENTERED INTO OFFENDERTRAK:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CASE #:	EVENT #: 1907130018		DISPOSITION: JMAOT	

INMATE INFORMATION:			
NAME (Last, First):		HOUSING LOCATION:	
HERNANDEZ, ANTONIO JUAN		BEFORE: A-83 AFTER: A-83	
IID #:	BKG #:	STATUS:	
144141	19001211	PRE-SENTENCED	

VICTIM / WITNESS INFORMATION:
NAME(S) & HOUSING LOCATIONS:

INCIDENT INFORMATION:		
INCIDENT / VIOLATION #:	DATE:	APPROXIMATE TIME:
Major 12.4. Flagrant failure to follow safety or sanitation regulations.	7-13-19	0055 hrs.
NARRATIVE:		
<p>On the above date and approximate time Inmate Hernandez, Antonio (IID# 144141) began to flood his cell. The entire A-pod dayroom was covered with water. All cells on the bottom tier of A-pod were flooded with water. Each inmate on the bottom tier that wanted to clean their cell was allowed to. A-pod was cleaned and mopped. Hernandez's water and toilet were shut off to prevent flooding. On every hourly check in A-pod Hernandez was offered water.</p> <p>End of Report</p> <p>Ramirez J70</p>		

OFFICER SIGNATURE

SINGLEY 46

BADGE #

INMATE SIGNATURE

REFUSED

"I have received a copy of this report."

DATE AND TIME

RECEIVED BY SUPERVISOR

DATE AND TIME

RECEIVED BY DISCIPLINARY OFFICER

DATE AND TIME

HEARING DATE AND TIME

INMATE NOTIFIED DATE AND TIME

COB 00033

H82

BUTTE COUNTY SHERIFF'S OFFICE DISCIPLINARY ACTION REPORT		CASE # _____ <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR	
INMATE NAME: <u>HERNANDEZ</u> (Last)		<u>ANTONIO</u> (First) INMATE ID # <u>144141</u>	
Date/Time of Incident: <u>05/08/19 1900</u>			
Date/Time Informed of Charges: <u>05/09/19 0510</u> Time Waived: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inmate's Initials: <u>REF</u>			
Date/Time of Hearing: <u>05/09/19 0510</u> Inmate Waives Presence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inmate's Initials: <u>REF</u>			
HEARING		FINDING	
Inmate present	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Not Responsible <input type="checkbox"/>	
Inmate advised of charges	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Responsible - Admitted <input type="checkbox"/>	
Inmate submit documentary evidence	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Responsible - Determined by Evidence <input checked="" type="checkbox"/>	
Inmate witnesses present	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>REPORT</u>	
Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) <u>REFUSED TO PARTICIPATE</u>			
Inmate's Signature: <u>REFUSED</u>			
Hearing Officer's Signature: <u>CHS 46</u>			
REVIEW OF INMATE FILE			
Projected release date: <u>RF</u>			
Number of previous affirmed violations: SERIOUS <u>6</u> MINOR <u>6</u> MAJOR <u>3</u>			
RECOMMENDED PENALTY			
<input type="checkbox"/> DISCIPLINARY ISOLATION (Maximum 10 days unless new violation)		FROM _____ TO _____	
<input type="checkbox"/> DISCIPLINARY DIET (See Title 15 - Section 1083g)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF GOOD TIME (Earned and/or future)		NUMBER OF DAYS _____	
<input type="checkbox"/> LOSS OF WORK TIME (Work related violation - Earned cannot be taken)		NUMBER OF DAYS _____	
<input checked="" type="checkbox"/> LOSS OF COMMISSARY (Excludes personal hygiene - Legal material)		FROM <u>5/29/19</u> TO <u>6/5/19</u>	
<input type="checkbox"/> LOSS OF TELEPHONE (Excludes legal calls)		FROM _____ TO _____	
<input type="checkbox"/> LOSS OF RECREATION YARD		FROM _____ TO _____	
<input checked="" type="checkbox"/> LOSS OF VISITS (Excludes legal visits)		FROM <u>5/29/19</u> TO <u>6/5/19</u>	
<input type="checkbox"/> REMOVAL FROM WORKER STATUS		FROM _____ TO _____	
<input type="checkbox"/> RESTRICTION TO CELL/DORMITORY		FROM _____ TO _____	
<input type="checkbox"/> WORK CONTRACT		NUMBER OF HOURS _____	
<input type="checkbox"/> VERBAL COUNSELING - WARNING - REPRIMAND			
COMMENTS: <u>SERIOUS FAIL TO COOPERATE w/ HEADCOUNT</u>			
Inmate's Signature: _____ Appeal: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disciplinary Officer's Signature: <u>L. N. VES</u> <u>5/9/19</u>			
Reviewer's (Lt/ASH) Signature: <u>RIFU</u> Date/Time: _____			
<input type="checkbox"/> AFFIRMED			
<input type="checkbox"/> REDUCED (Reason): _____			
<input type="checkbox"/> DISMISSED (Reason): _____			

BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page of

REPORT INFORMATION:				
<input checked="" type="checkbox"/> INFORMATION	<input type="checkbox"/> OFFICER SAFETY	<input type="checkbox"/> INMATE SAFETY	<input checked="" type="checkbox"/> FACILITY SECURITY	<input type="checkbox"/> OTHER
VIOLATION TYPE: <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR				
VIOLATION ENTERED INTO OFFENDERTRAK: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
CASE #:	EVENT #: 190508-0137		DISPOSITION: JSROT	

INMATE INFORMATION:			
NAME (Last, First): Hernandez, Antonio		HOUSING LOCATION:	
		BEFORE: A83	AFTER: SAME
IID #: 144141	BKG #: 19001211	STATUS: PRE-SENTENCED	

VICTIM / WITNESS INFORMATION:
NAME(S) & HOUSING LOCATIONS:

INCIDENT INFORMATION:		
INCIDENT / VIOLATION #: 22.2. Failure to cooperate with a facility count. Including refusal to line-up, stand beside one's bunk, or stand at one's cell door as directed by staff.	DATE: 5/8/19	APPROXIMATE TIME: 1900 hrs.
NARRATIVE: On 5/8/19, I, Correctional Deputy C. McNelis was assigned as the Charlie Floor Deputy between the hours of 1900-0700 in full duty uniform. At approximately 1900 hours, I entered A-Pod housing unit to conduct a routine safety check and headcount. When I arrived at cell A83, occupied by Inmate Hernandez, Antonio (IID#144141), he refused to get up for headcount, and remained completely covered by his blanket. I/M Hernandez is receiving this disciplinary write-up for failing to cooperate with a facility count. End of report. C. McNelis J58 JSROT 22.2. Failure to cooperate with a facility count. Including refusal to line-up, stand beside one's bunk, or stand at one's cell door as directed by staff. Event #190508-0137		

OFFICER SIGNATURE

REFUSED LEFT COPY UNDER DOOR

C/S 46 "I have received a copy of this report."

BADGE #

INMATE SIGNATURE

DATE AND TIME

RECEIVED BY SUPERVISOR

DATE AND TIME

RECEIVED BY DISCIPLINARY OFFICER

DATE AND TIME

COB 00035

BUTLER COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page of

REPORT INFORMATION:				
<input checked="" type="checkbox"/> INFORMATION	<input checked="" type="checkbox"/> OFFICER SAFETY	<input checked="" type="checkbox"/> INMATE SAFETY	<input checked="" type="checkbox"/> FACILITY SECURITY	<input type="checkbox"/> OTHER
VIOLATION TYPE: <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR				
VIOLATION ENTERED INTO OFFENDERTRAK: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
CASE #:	EVENT #: 190424-0025		DISPOSITION: JMAOT	

INMATE INFORMATION:			
NAME (Last, First): Hernandez, Antonio		HOUSING LOCATION:	
		BEFORE: T1	AFTER: Q3
IID #: 144141	BKG #: 19001211	STATUS: PRE-SENTENCED	

VICTIM / WITNESS INFORMATION:
NAME(S) & HOUSING LOCATIONS:

INCIDENT INFORMATION:		
INCIDENT / VIOLATION #: 10.2. Assault and/or battery (staff or inmate).	DATE: 4/24/19	APPROXIMATE TIME: 0400 hrs.
<p>NARRATIVE:</p> <p>On 4/24/19, I, Correctional Deputy C. McNelis was assigned as the Male Housing Deputy between the hours of 0700-1900 in full duty uniform.</p> <p>At approximately 0400 hours, I conducted a health a safety check on T1. The sole occupant of the cell, Inmate Hernandez, Antonio (IID#144141) was standing on the cell's table. I advised him to make sure he didn't fall. I/M Hernandez proceeded to spit, striking the right side of my head, and yelled "that's what you get bitch!" Due to I/M Hernandez already being secured in the cell, I elected to step out of range of further assaults and notified Sergeant D. Brownfield of the incident. I/M Hernandez was subsequently cell extracted and placed in Q3. See criminal case 19-02931 and supplemental reports in RIMS.</p> <p>I/M Hernandez is receiving this disciplinary write-up for assault on staff.</p> <p>End of report.</p> <p>C. McNelis J58 JMAOT 10.2. Assault and/or battery (staff or inmate). Event #190424-0025</p>		

OFFICER SIGNATURE _____

BADGE # _____

INMATE SIGNATURE _____ "I have received a copy of this report."

DATE AND TIME _____

RECEIVED BY SUPERVISOR _____

DATE AND TIME _____

RECEIVED BY DISCIPLINARY OFFICER _____

DATE AND TIME _____

COB 00037

HEARING DATE AND TIME

INMATE NOTIFIED DATE AND TIME



BUTTE COUNTY SHERIFF'S OFFICE
INTER-DEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant

FROM: D. Brownfield, Correctional Sergeant

SUBJECT: Use of Force: Hernandez, Antonio IID#144141

DATE: 04-24-19

On 04-24-19 at approximately 0400 hrs Inmate Hernandez spat on Deputy McNelis from inside of T-1.

As a result of that behavior I decided that Hernandez must be in a cell behind glass to prevent staff from continually being gassed. In an effort to resolve this issue prior to going off shift, we began distributing breakfast early. As soon as most inmates were issued breakfast I choreographed housing unit moves to clear out Q3. Once Q3 was empty I was briefing Deputy Ramirez of the possible pending cell extraction of Hernandez while we were in pre-booking. Oroville PD Officer Tennegkeit overheard and explained that he'd like to opportunity to use his partner, K9 Ozzy. I explained that the circumstance did not call for a bite dog to be used on Hernandez, but if he wanted his K9 to have jail experience we'd bring him in as a threat of force to encourage Hernandez to voluntarily be restrained and be removed from the cell. Tennegkeit was happy to assist in any way he could.

At approximately 0525 hrs Deputies Darnell, Stockwell, Ramirez, LaRue and Officer Tennegkeit arrived at the T-Section Hallway. I had Stockwell lead with the shield to prevent staff from getting gassed, Darnell followed with the Pepperball launcher and I followed him and attempted to get Hernandez to voluntarily be restrained and exit the cell as K9 Ozzy was with Tennegkeit, frantically barking at Hernandez. Hernandez did not waiver with the K9's presence. As a result I had Darnell fire two inert Pepperball projectiles to Hernandez's abdomen/chest. The projectiles impacted Hernandez's chest and abdomen. It seemed to have some effect, but Hernandez was still standing on the table in his cell and refusing to move. As such I had Darnell fired two more inert projectiles. They impacted the bars directly in front of Hernandez. After Darnell improved his vantage point, he fired two more inert projectiles on my command. Darnell struck Hernandez's shin which made Hernandez turn away. The second projectile impacted Hernandez's lower back. Hernandez then jumped down, grabbed a blanket and covered his body, exposing only his head and face. As such I took the Pepperball launcher from Darnell and gave him my Oleoresin Capsicum (OC) spray. On my command, Darnell sprayed a

½ second burst of OC partially impacting Hernandez's face. It had some positive effect. When Hernandez moved the blanket I told Darnell to spray a longer burst of OC to Hernandez's face. Darnell sprayed an approximately 1 second burst of OC impacting Hernandez's face and head. It had an immediate effect. I ordered Hernandez to lay on his bunk with his hands behind his back. He immediately complied as he began screaming from the OC exposure. We immediately entered the cell. Stockwell placed the shield over Hernandez while Darnell and Ramirez took control of Hernandez's arms. As it appeared that Hernandez was beginning to resist, I entered the cell and controlled his legs. The shield was passed to Deputy LaRue who was just outside of the cell. Once Darnell and Ramirez had Hernandez cuffed, we dragged him from the cell, into the hallway. Once in the hallway we were able to apply a spit mask and place leg restraints on Hernandez.

Hernandez was then escorted to the medical unit where he was evaluated by RN Atkinson. He was cleared for housing and was immediately escorted to Q3 where his restraints and spit mask were removed without incident. I encouraged Hernandez to rinse his face with water. I went back a short time later and he was using the water in the toilet bowl to rinse his face and head.

I went to speak to Inmate Knight, Morgan in T-2 to ensure he did not have OC exposure. He indicated that he was not bothered by the spray and was not directly affected inside of his cell.

A short time later Deputy LaRue took the workers into T-1 and had it thoroughly cleaned. She followed up with Inmate Knight to ensure he was still doing well. He offered not compliant from OC exposure.

BUTTE COUNTY SHERIFF'S OFFICE DISCIPLINARY ACTION REPORT

CASE # _____
☐ SERIOUS ☐ MINOR

INMATE NAME: _____

(Last)

Antonio
 (First)

INMATE ID # 1414141Date/Time of Incident: 04-06-19 0855Date/Time Informed of Charges: 04/06/19 1746 Time Waived: ☒ Yes ☐ No Inmate's Initials: K REFDate/Time of Hearing: 04/06/19 1746 Inmate Waives Presence: ☐ Yes ☒ No Inmate's Initials: K REF**HEARING**

Yes No

Inmate present ☒ ☐Inmate advised of charges ☒ ☐Inmate submit documentary evidence ☐ ☒Inmate witnesses present ☐ ☒**FINDING**Not Responsible ☐Responsible - Admitted ☐Responsible - Determined by Evidence ☒

Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) _____

REFUSED TO PARTICIPATEInmate's Signature: X REFUSEDHearing Officer's Signature: [Signature] J33**REVIEW OF INMATE FILE**Projected release date: PFNumber of previous affirmed violations: SERIOUS 0 MINOR 0 MAJOR 1**RECOMMENDED PENALTY**☐ DISCIPLINARY ISOLATION (Maximum 10 days unless new violation)☐ DISCIPLINARY DIET (See Title 15 Section 1083g)☐ LOSS OF GOOD TIME (Earned and/or future)☐ LOSS OF WORK TIME (Work related violation - Earned cannot be taken)☒ LOSS OF COMMISSARY (Excludes personal hygiene - Legal material) 3☐ LOSS OF TELEPHONE (Excludes legal calls)☐ LOSS OF RECREATION YARD☒ LOSS OF VISITS (Excludes legal visits) 3☐ REMOVAL FROM WORKER STATUS☐ RESTRICTION TO CELL/DORMITORY☐ WORK CONTRACT☐ VERBAL COUNSELING - WARNING - REPRIMANDCOMMENTS: MAJOR 12.4 FAILURE TO FOLLOW SAFETY REGULATIONS

FROM _____ TO _____

FROM _____ TO _____

NUMBER OF DAYS _____

NUMBER OF DAYS _____

FROM 4/17/19 TO 5/8/19

FROM _____ TO _____

FROM _____ TO _____

FROM 4/17/19 TO 5/8/19

FROM _____ TO _____

FROM _____ TO _____

NUMBER OF HOURS _____

Inmate's Signature: _____

Disciplinary Officer's Signature: LA RUEAppeal: ☐ Yes ☐ No4/8/19Reviewer's (LI/ASH) Signature: [Signature]

Date/Time: _____

☐ AFFIRMED☐ REDUCED (Reason): _____☐ DISMISSED (Reason): _____

BUTTE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
INCIDENT REPORT

Page of

REPORT INFORMATION:				
<input checked="" type="checkbox"/> INFORMATION	<input type="checkbox"/> OFFICER SAFETY	<input type="checkbox"/> INMATE SAFETY	<input type="checkbox"/> FACILITY SECURITY	<input checked="" type="checkbox"/> OTHER
VIOLATION TYPE:		<input checked="" type="checkbox"/> MAJOR	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> MINOR
VIOLATION ENTERED INTO OFFENDERTRAK:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
CASE #:	EVENT #: 1904060078		DISPOSITION: JMAOT	

INMATE INFORMATION:			
NAME (Last, First):		HOUSING LOCATION:	
HERNANDEZ, ANTONIO JUAN		BEFORE: A-POD AFTER: A-POD	
IID #:	BKG #:	STATUS:	
144141	-19001211	PRE-SENTENCED	

VICTIM / WITNESS INFORMATION:
NAME(S) & HOUSING LOCATIONS:
Deputies Davis, Bentley

INCIDENT INFORMATION:		
INCIDENT / VIOLATION #:	DATE:	APPROXIMATE TIME:
12.4. Flagrant failure to follow safety or sanitation regulations.	04-05-19	0855 hrs.
NARRATIVE: On April 5, 2019 from 0700 to 1900 hours, I was working as the Charlie Floor Correctional Deputy. At approximately 0855 Charlie Control Deputy Davis told me that he watched Inmate Hernandez, Antonio IID# 144141 take the mop bucket up stairs and dump it under the door of A91. Deputy Davis told Inmate Hernandez to lock down. End of report Deputy Darnell J-31 Event #1904060078		

OFFICER SIGNATURE _____
 _____ REP "I have received a copy of this report."
 INMATE SIGNATURE _____

BADGE # _____
 04/06/19 1746
 DATE AND TIME _____

RECEIVED BY SUPERVISOR _____

DATE AND TIME _____

RECEIVED BY DISCIPLINARY OFFICER _____

DATE AND TIME _____

HEARING DATE AND TIME _____

INMATE NOTIFIED DATE AND TIME _____

COB 00042

H-83

BUTTE COUNTY SHERIFF'S OFFICE
DISCIPLINARY ACTION REPORTCASE # _____
☐ SERIOUS ☐ MINORINMATE NAME: Hernandez, Antonio
(Last) (First)INMATE ID # 144141Date/Time of Incident: 2-27-19 @ 0250hDate/Time Informed of Charges: 2-28-19 @ 0900hTime Waived: ☐ Yes ☒ No Inmate's Initials: RetDate/Time of Hearing: 03-04-19 1729Inmate Waives Presence: ☐ Yes ☒ No Inmate's Initials: Ret

HEARING

Yes No

Inmate present ☒ ☐Inmate advised of charges ☒ ☐Inmate submit documentary evidence ☐ ☒Inmate witnesses present ☐ ☒

FINDING

Not Responsible ☐Responsible - Admitted ☐Responsible - Determined by Evidence ☒Report + Video

Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) _____

Inmate's Signature: RetHearing Officer's Signature: [Signature]

REVIEW OF INMATE FILE

Projected release date: PFNumber of previous affirmed violations: SERIOUS / MINOR /

RECOMMENDED PENALTY

☐ DISCIPLINARY ISOLATION (Maximum 10 days unless new violation)☐ DISCIPLINARY DIET (See Title 15 Section 1083g)☐ LOSS OF GOOD TIME (Earned and/or future)☐ LOSS OF WORK TIME (Work related violation - Earned cannot be taken)☒ LOSS OF COMMISSARY (Excludes personal hygiene - Legal material) 3☐ LOSS OF TELEPHONE (Excludes legal calls)☐ LOSS OF RECREATION YARD☒ LOSS OF VISITS (Excludes legal visits) 3☐ REMOVAL FROM WORKER STATUS☐ RESTRICTION TO CELL/DORMITORY☐ WORK CONTRACT☐ VERBAL COUNSELING - WARNING - REPRIMANDCOMMENTS: MASR ASSAULT

FROM _____ TO _____

FROM _____ TO _____

NUMBER OF DAYS _____

NUMBER OF DAYS _____

FROM 2/20/19 TO 4/10/19

FROM _____ TO _____

FROM _____ TO _____

FROM 2/20/19 TO 4/10/19

FROM _____ TO _____

FROM _____ TO _____

NUMBER OF HOURS _____

Inmate's Signature: _____ Appeal: ☐ Yes ☐ NoDisciplinary Officer's Signature: L NILES 2/11/19Reviewer's (Lt/ASH) Signature: RH4 Date/Time: _____☐ AFFIRMED☐ REDUCED (Reason): _____☐ DISMISSED (Reason): _____

BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION:

☐ INFORMATION
 ☒ OFFICER SAFETY
 ☐ INMATE SAFETY
 ☒ FACILITY SECURITY
 ☐ OTHER

VIOLATION TYPE:
 ☐ MAJOR
 ☐ SERIOUS
 ☐ MINOR

VIOLATION ENTERED INTO OFFENDERTRAK:
 ☐ YES
 ☐ NO

CASE #: _____ EVENT #: **1903070028** DISPOSITION: **JMAOT**

INMATE INFORMATION:

NAME (Last, First):
Hernandez, Antonio

HOUSING LOCATION:

BEFORE: **G-POD**AFTER: **CHARLIE
INTERVIEW ROOM**

IID #:
144141

BKG #:

STATUS:
PRE-SENTENCED

VICTIM / WITNESS INFORMATION:

NAME(S) & HOUSING LOCATIONS:

Sergeant Behlke, and Deputies Perez, Castillon, Klotz, Walberg, Smith, Dawson, and Moreland

INCIDENT INFORMATION:

INCIDENT / VIOLATION #:

JMAOT: 10.2. Assault and/or battery (X2)

DATE:

03-6-19

APPROXIMATE TIME:

2320 hrs.

NARRATIVE: On March 6, 2019 between 1900-0700 hours I was assigned to work as the Delta Floor Deputy in full uniform for the Butte County Jail.

On March 7, 2019, at approximately 0250 hours, Delta Control Deputy Perez advised that there was a 415 physical altercation taking place in the G-Pod Housing Unit. Sergeant Behlke and Deputies Castillon, Klotz, Walberg, Smith, Dawson, Moreland, and I responded to G-Pod. Upon arrival, I observed Inmate Stilwell, Joseph IID#171098 on the ground in the lower tier restroom area of the G-Pod Housing Unit covered in blood. I also observed Inmate Beaver, Clarence IID#174854 on bunk 11A holding his nose which appeared to be bleeding. Both Inmates made spontaneous statements that another inmate, later identified as Inmate Hernandez, Antonio IID#144141 had assaulted them. Deputy Klotz and I located Inmate Hernandez on the ground in the lower tier bed area. Inmate Hernandez was breathing hard and had blood covering his hands and body indicating that he had been a part of the altercation. Deputy Klotz and I placed mechanical restraints (double cuffed) on Inmate Hernandez and placed him in the Charlie Floor Interview Room. Inmates Stilwell and Beaver received medical treatment for their injuries.

Through further investigation and review of the video of G-Pod from the time of the altercation, it was determined that Inmate Hernandez had retrieved the broom head and assaulted both Inmates Stilwell and Beaver with it.

End of Report

Deputy E. Yee J76

Event #1903070028

JMAOT: 10.2. Assault and/or battery (X2)

OFFICER SIGNATURE _____

BADGE # _____

INMATE SIGNATURE _____

"I have received a copy of this report."

DATE AND TIME _____

RECEIVED BY SUPERVISOR _____

DATE AND TIME _____

COB 00044

RECEIVED BY DISCIPLINARY OFFICER

DATE AND TIME

HEARING DATE AND TIME

INMATE NOTIFIED DATE AND TIME



Butte County Sheriff's Office
Jail Division
Inter-Office Memorandum

Date: 03-07-2019
To: Classification
From: Jason Behlke, Correctional Sergeant
Subject: Hernandez, Antonio IID #144141; 2 CD Move, Full Restraints

I am placing Inmate Hernandez, Antonio IID #144141 on 2 CD move, full restraints due to his unpredictable behavior and unprovoked violent assault in the G Pod housing unit. See case #19-01645

BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page of

REPORT INFORMATION:
☐ INFORMATION ☐ OFFICER SAFETY ☐ INMATE SAFETY ☒ FACILITY SECURITY ☐ OTHER

 VIOLATION TYPE: ☐ MAJOR ☒ SERIOUS ☐ MINOR

 VIOLATION ENTERED INTO OFFENDERTRAK: ☒ YES ☐ NO

CASE #:

EVENT #: 0129

DISPOSITION: JSROT

INMATE INFORMATION:

NAME (Last, First):

Hernandez, Antonio

HOUSING LOCATION:

BEFORE: M-POD

AFTER: Delta Interview Rm

IID #:

144141

BKG #:

STATUS:

VICTIM / WITNESS INFORMATION:

NAME(S) & HOUSING LOCATIONS:

INCIDENT INFORMATION:

INCIDENT / VIOLATION #:

Serious:

 22.14. Disruptive conduct
 22.13. Inmates will not manipulate staff, attempting to cause or causing any disruption of the facility.

22.1. Failure to comply with a Classification Unit order to move to another classification and/or housing location.

DATE:

02/25/19

APPROXIMATE TIME:

1305 hrs.

NARRATIVE: On February 25, 2019 from 0700 to 1900 hours, I was working as the Charlie Floor Correctional Deputy. At approximately 1305 hours, Correctional Deputy Lockhart and I were escorting Inmate Hernandez, Antonio to his new housing classification in M-pod.

Once in M-pod Hernandez became agitated and stated he was not going to house in M-pod and began making a disturbance within the pod. I asked Hernandez why he was refusing to house in M-Pod. Hernandez refused to answer my question and would only state he was not staying in M-Pod. I advised Hernandez that M-Pod was his proper classification and he was not able to refuse his new housing location. Hernandez stated he would not stay in M-pod and he would do whatever it took to leave.

Hernandez was then escorted out of M-Pod due to his disturbance to the pod and manipulation of his housing classification, and behavior. Hernandez was placed in a Delta Floor interview room until further notice.

End of report.

E.bazan J30

OFFICER SIGNATURE

BADGE #

INMATE SIGNATURE

"I have received a copy of this report."

DATE AND TIME

COB 00047

BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION:
☐ INFORMATION ☒ OFFICER SAFETY ☐ INMATE SAFETY ☒ FACILITY SECURITY ☐ OTHER

 VIOLATION TYPE: ☐ MAJOR ☐ SERIOUS ☐ MINOR

 VIOLATION ENTERED INTO OFFENDERTRAK: ☐ YES ☐ NO

 CASE #: _____ EVENT #: **1903070028** DISPOSITION: **JMAOT**
INMATE INFORMATION:
 NAME (Last, First):
Hernandez, Antonio

HOUSING LOCATION:

BEFORE: **G-POD**AFTER: **CHARLIE
INTERVIEW ROOM**
 IID #:
144141

BKG #:

 STATUS:
PRE-SENTENCED
VICTIM / WITNESS INFORMATION:

NAME(S) & HOUSING LOCATIONS:

Sergeant Behlke, and Deputies Perez, Castillon, Klotz, Walberg, Smith, Dawson, and Moreland**INCIDENT INFORMATION:**

INCIDENT / VIOLATION #:

JMAOT: 10.2. Assault and/or battery (X2)

DATE:

03-6-19

APPROXIMATE TIME:

2320 hrs.
 NARRATIVE: **On March 6, 2019 between 1900-0700 hours I was assigned to work as the Delta Floor Deputy in full uniform for the Butte County Jail.**

On March 7, 2019, at approximately 0250 hours, Delta Control Deputy Perez advised that there was a 415 physical altercation taking place in the G-Pod Housing Unit. Sergeant Behlke and Deputies Castillon, Klotz, Walberg, Smith, Dawson, Moreland, and I responded to G-Pod. Upon arrival, I observed Inmate Stilwell, Joseph IID#171098 on the ground in the lower tier restroom area of the G-Pod Housing Unit covered in blood. I also observed Inmate Beaver, Clarence IID#174854 on bunk 11A holding his nose which appeared to be bleeding. Both Inmates made spontaneous statements that another inmate, later identified as Inmate Hernandez, Antonio IID#144141 had assaulted them. Deputy Klotz and I located Inmate Hernandez on the ground in the lower tier bed area. Inmate Hernandez was breathing hard and had blood covering his hands and body indicating that he had been a part of the altercation. Deputy Klotz and I placed mechanical restraints (double cuffed) on Inmate Hernandez and placed him in the Charlie Floor Interview Room. Inmates Stilwell and Beaver received medical treatment for their injuries.

Through further investigation and review of the video of G-Pod from the time of the altercation, it was determined that Inmate Hernandez had retrieved the broom head and assaulted both Inmates Stilwell and Beaver with it.

End of Report**Deputy E. Yee J76****Event #1903070028****JMAOT: 10.2. Assault and/or battery (X2)**

OFFICER SIGNATURE _____

BADGE # _____

INMATE SIGNATURE _____

"I have received a copy of this report."

DATE AND TIME _____

RECEIVED BY SUPERVISOR _____

DATE AND TIME _____

COB 00048

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant

FROM: K. Turner, Correctional Sergeant

SUBJECT: Hernandez, Antonio IID 144141-Interview Room Placement

DATE: February 25, 2019

At approximately 1335 hours Inmate Hernandez, Antonio IID 144141 was being re-housed from A pod to M Pod. When staff walked Hernandez into M Pod, he refused to be housed there. Inmate Hernandez was placed in an Interview Room on Delta Floor pending reclassification. Due to there not being any Administrative Separation available, Hernandez remained in the Interview Room for the duration of the shift. An Interview Room Log was initiated. Hernandez was offered the use of the facilities and water during each post check.

Cc: Jerry Jones, Jail Commander
Robert Hadley, Correctional Lieutenant
Daryl Hovey, Correctional Lieutenant

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant
FROM: D. Mell, Correctional Sergeant
SUBJECT: Temporary Holding: Hernandez, Antonio IID# 144141
DATE: 2-6-19

On February 6, 2019 at approximately 1935 hours inmate Hernandez, Antonio IID# 144141 was placed in a Delta Floor Interview Room after evicting himself from the J-Pod housing unit. At approximately 2000 hours Hernandez was placed on Suicide Prevention Protocol at his request due to anxiety. Due to Hernandez being placed on Suicide Prevention Protocol he was transferred to a Charlie Floor interview room.

Due to lack of available housing in Administrative Separation housing for Suicide Prevention Protocol Hernandez remained in a Charlie Floor interview room the duration of the shift.

BUTTE COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION

INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION:
☐ INFORMATION ☐ OFFICER SAFETY ☒ INMATE SAFETY ☐ FACILITY SECURITY ☐ OTHER

 VIOLATION TYPE: ☐ MAJOR ☐ SERIOUS ☐ MINOR

 VIOLATION ENTERED INTO OFFENDERTRAK: ☐ YES ☐ NO

CASE #: _____ EVENT #: 1902060185 DISPOSITION: JMSIN

INMATE INFORMATION:
 NAME (Last, First):
Hernandez, Antonio

HOUSING LOCATION:

BEFORE: J/02

AFTER: CHARLIE
INTER. ROOM
 IID #:
144141

BKG #:

STATUS:

VICTIM / WITNESS INFORMATION:

NAME(S) & HOUSING LOCATIONS:

Deputies La Rue, Auldridge, SGT Mell, RN Foster**INCIDENT INFORMATION:**

INCIDENT / VIOLATION #:

Informational

DATE:

02/06/29

APPROXIMATE TIME:

1935 hrs.

NARRATIVE: On February 6, 2019, between the hours of 1900-0700, I was assigned as the Delta Floor Correctional Deputy, in full uniform for the Butte County Jail.

At approximately 1935 hours Delta Control advised Inmate Hernandez, Antonio (IID# 144141) pressed the emergency intercom button and stated he needed to roll out of J Pod Housing unit because he feared for his safety.

I escorted Inmate Hernandez to the Delta Interview room and started a log. Correctional Deputy Auldridge, who was in Delta Control, advised classifications of the roll up.

At approximately 1950 hours while conducting a supervisory check, Inmate Hernandez told Sergeant Mell he needed to be placed on Suicide Prevention Protocol (SPP). Inmate Hernandez stated he was having anxiety but did not have any specific plan on harming himself. LVN Foster responded to Delta Floor Medical Unit for an SPP evaluation.

At approximately 1953 hours LVN Foster elected to place Inmate Hernandez on Suicide Prevention Protocol.

Sergeant Mell conducted a strip search of Inmate Hernandez and provided him with an SPP garment. I searched The Delta floor interview room and started a proper log.

At approximately 2225 hours Inmate Hernandez was placed in Charlie Interview room pending reclassification.

End of Report

E.Enciso J50

OFFICER SIGNATURE _____

BADGE # _____

INMATE SIGNATURE _____

"I have received a copy of this report."

DATE AND TIME _____

COB 00051

Name	HERNANDEZ, ANTONIO JUAN	Booking #	19-001211	Facility	BUTTE JAIL
Inmate #	144141	Sex	MALE	Book Dt/Tm	02/06/2019 05:00
Race	Black	DOB	01/16/1991	Building	CHARLIE
		Age	29	Release Dt/Tm	Pod A POD
Status	In Jail	Classification	MAXIMUM		Cell A92

Note Entry

Inmate Note Type AD SEG REVIEW

Inmate Note MENTAL CONCERNS ON SPP

Created By User PANNELL, DYLAN

Created Dt/Tm 02/10/2019 17:14

Notes

Inmate Note Type

From Date/Time

To Date/Time

Inmate Notes

Date/Time	Inmate Notes	Note Type	Created User
06/14/2020 12:23	NO CHANGE. REQUEST TO GO TO POPULATION BUT HAS CONTINUED MENTAL HEALTH CONCERNS. MAY BECOME VIOLENT AROUND OTHER INMATES.	AD SEG REVIEW	CASTILLON, JOSE
06/07/2020 12:11	RETURNED FROM NAPA STATE HOSPITAL. APPEARS TO BE STABLE AT THIS TIME. MENTAL HEALTH CONCERNS AND VIOLENT TENDENCIES IN THE PAST.	AD SEG REVIEW	CASTILLON, JOSE
01/19/2020 07:58	REF TO TALK/NO CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
01/12/2020 12:41	BEHAVIOR HAS BEEN GOOD. JBCT PROGRAM WISHES TO GIVE HIM OPORTUNITY IN POPULATION. HERE ON VIOLENT OFFENSE AND VIOLENCE IN CUSTODY. POINTS AND BEHAVIOR ARE TO MAX.	AD SEG REVIEW	MAXEY, KEVIN
01/05/2020 17:0	ASKED FOR POP AGAIN / BEHAVIOR IMPROVED	AD SEG REVIEW	PANNELL, DYLAN
12/29/2019 14:5	REQ L POD HOUSING AGAIN	AD SEG REVIEW	PANNELL, DYLAN
12/22/2019 17:53	OFF 2CD/REQ L=POD	AD SEG REVIEW	MARTIN, CHRISTOPHER
12/15/2019 17:21	NO CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
12/08/2019 16:00	STILL 2CD/NO CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
12/01/2019 12:30	2CD CUFFS/NO CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
11/24/2019 09:2	NO CHANGE REMAINS 2 C/O CUFFS.	AD SEG REVIEW	MAXEY, KEVIN
11/10/2019 11:4	NO CHANGE	AD SEG REVIEW	MAXEY, KEVIN

11/03/2019 08:25	REMAINS 2 C/O CUFFS. CURRENTLY IN JBCT PROGRAM. NO RECENT INCIDENTS.	AD SEG REVIEW	MAXEY, KEVIN
10/27/2019 08:55	RECENTLY DOWNGRADED TO 2 C/O CUFFS. IN JBCT PROGRAM. ONGOING MENTAL HEALTH CONCERNS.	AD SEG REVIEW	MAXEY, KEVIN
10/20/2019 09:3	2 C/O FULL CURRENTLY IN JBCT.	AD SEG REVIEW	MAXEY, KEVIN
10/13/2019 08:1	NO CHANGE.	AD SEG REVIEW	MAXEY, KEVIN
10/06/2019 08:5	2 C/O FULL. INVOLUNTARY MEDICATION DAILY.	30 DAY REVIEW	MAXEY, KEVIN
09/29/2019 16:3	YELLED AT ME STATING PROFANITIES	AD SEG REVIEW	PANNELL, DYLAN
09/22/2019 17:3	NO CHANGE	AD SEG REVIEW	PANNELL, DYLAN
09/15/2019 16:3	NO CHANGE / FILTHY CELL	AD SEG REVIEW	PANNELL, DYLAN
09/08/2019 16:4	NO CHANGE SERIOUS MENTAL ISSUES	AD SEG REVIEW	PANNELL, DYLAN
09/01/2019 15:1	NO CHANGE STILL 5150	30 DAY REVIEW	PANNELL, DYLAN
08/25/2019 13:0	NO CHANGE STILL MENTAL AND VIOLENT	AD SEG REVIEW	PANNELL, DYLAN
08/19/2019 00:16	2CD/COMBATIVE AND DISRESPECTFUL.	AD SEG REVIEW	MARTIN, CHRISTOPHER
08/11/2019 07:2	2 C/O MENTAL HEALTH AND VIOLENT.	AD SEG REVIEW	MAXEY, KEVIN
08/04/2019 08:19	SAID, "SHUT THE FUCK UP. I AM SLEEPING MOTHERFUCKER."	AD SEG REVIEW	LARUE, EMILY
07/28/2019 06:0	ON CLOTHING REVIEW THIS WEEK.	AD SEG REVIEW	LARUE, EMILY
07/21/2019 07:3	NO CHANGE.	AD SEG REVIEW	LARUE, EMILY
07/14/2019 08:4	NO CHANGE. NO NEW DARS	AD SEG REVIEW	LARUE, EMILY
07/07/2019 08:1	NO CHANGE. SAYS HE IS DOING ALRIGHT	AD SEG REVIEW	LARUE, EMILY
06/30/2019 09:06	NO CHANGE. SLEEPING ON HIS MATTRESS ON THE GROUND.	AD SEG REVIEW	LARUE, EMILY
06/23/2019 09:0	NO CHANGE.	AD SEG REVIEW	LARUE, EMILY
06/16/2019 14:19	2CD/MENTAL	AD SEG REVIEW	MARTIN, CHRISTOPHER
06/10/2019 09:15	STILL 2CD/MENTAL CONCERNS.	AD SEG REVIEW	MARTIN, CHRISTOPHER
06/02/2019 19:29	STILL 2CD FULL	AD SEG REVIEW	MARTIN, CHRISTOPHER
05/26/2019 14:24	STILL 2CD FULL	AD SEG REVIEW	MARTIN, CHRISTOPHER
05/19/2019 15:19	NO CHANGE/MENTAL. UNDER CLOTHING REVIEW.	AD SEG REVIEW	MARTIN, CHRISTOPHER
05/12/2019 16:15	PLACED ON CLOTHING REVIEW/MENTAL. DID NOT COOPERATE WITH HEADCOUNT.	AD SEG REVIEW	MARTIN, CHRISTOPHER
05/05/2019 16:21	SHOVING FECES UNDER DOOR. MENTAL/CLOTHING REVIEW.	AD SEG REVIEW	MARTIN, CHRISTOPHER
04/28/2019 16:40	SPP/2CD FULL.	AD SEG REVIEW	MARTIN, CHRISTOPHER
04/21/2019 16:42	MENTAL CONCERNS/MESSY.	AD SEG REVIEW	MARTIN, CHRISTOPHER
04/14/2019 15:5	SITTING ON THE FLOOR EATING. CELL WAS A MESS	AD SEG REVIEW	LARUE, EMILY
04/07/2019 07:01	2 C/O FULL. MENTAL HEALTH CONCERNS. RECENT VIOLENT ATTACK ON OTHER INMATES RESULTING IN HOSPITAL TRANSPORT.	AD SEG REVIEW	MAXEY, KEVIN
03/31/2019 07:4	2 C/O FULL. MENTAL AND HYGIENE CONCERNS.	AD SEG REVIEW	MAXEY, KEVIN

03/24/2019 08:36	NO TALK/2CD FULL. VIOLENT/UNPREDICATBLE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
03/17/2019 08:11	2 C/O FULL. RECENT VIOLENT ASSAULT AGAINST 2 INMATES IN GPOD RESULTING IN SERIOUS INJURIES.	AD SEG REVIEW	MAXEY, KEVIN
03/10/2019 11:39	ASSAULTED 2 INMATES IN GPOD RESULTING IN SERIOUS INJURY AND HOOSPITAL TRANSPOT. MENTAL HEALTH CONCERNS AND 2 C/O.	AD SEG REVIEW	MAXEY, KEVIN
02/24/2019 08:49	SLEEPING ON BED. NO RECENT DOCUMENTED INCIDENTS. MAY ATTEMPT GENERAL POPULATION HOUSING.	30 DAY REVIEW	MAXEY, KEVIN
02/17/2019 18:4	RECENTLY CLEARED SPP	AD SEG REVIEW	PANNELL, DYLAN
02/10/2019 17:1	MENTAL CONCERNS ON SPP	AD SEG REVIEW	PANNELL, DYLAN

INITIAL CUSTODY ASSESSMENT SCALE

Inmate Name: Stilwell, JosephID# 171098

1. Severity of Current Charge: Charge: 269(A) 0 2 (3) 7 Score: 5
 2. Serious Offense History: Charge: _____ (0) 2 5 7 Score: (0)
 3. Escape History: Charge: _____ (0) 3 7 Score: (0)
 PC4530(a), 4530(b), 4532(b), WI 871, 1768.7
 TOTAL ITEMS 1-3: 5

4. Disciplinary History: Three Serious Write-Ups: 1
 Four or More Write-Ups: 3
 Score: (0)

5. Prior Felony Convictions (Non Current) None: (0)
 One: 2
 Two or More: 4
 Score: (0)

6. Alcohol and/or Drug Abuse: None: (0)
 One to Five: 1
 Six or More: 3
 Score: (0)
 TOTAL ITEMS 1-6: 5

7. Stability Factors: Age 26 or Older: (-1)
 Employed, Retired, School 6 Months Prior to the Arrest: -1
 Lived at Same Address for 12 Months or More: -1
 Score: -1
 TOTAL ITEMS 1-7: 4

OVERRIDE: YES (NO)REASON: PFFINAL CUSTODY RATING:
(Circle)

MINIMUM

(MEDIUM)

MAXIMUM

DNA IN XJAIL: (YES) NO
 GANG LIST UPDATED: YES (NO)
 HOLDS/ICE: YES (NO)
 ENEMIES: YES (NO)
 PC WAIVER SIGNED: YES (NO)
 ALL FORMS SIGNED: YES (NO)

AFFILIATION: _____
 AGENCY: _____
 NAME: _____

PRIMARY CLASSIFICATION OFFICER: ASR 5/4DATE: 7/18/12SECONDARY CLASSIFICATION REVIEW: DMSDATE: 7/15/17

Classification Questionnaire

Last Name: Shivell First Name: Josepn Initial: L

Any other name(s) you have been known by: _____

Street Address: 726 W. 2nd Ave City: Chico State: Ca

How long have you lived at the above address? A few months

Are you right handed or left handed? right

What is your sexual preference? (Men, Women, Both) women

What is your religious preference? Christian

What is your race or national origin? white

If you are a Foreign National have you contacted a consular or embassy official? no

If no, would you like one contacted? no Time/Date Contacted: _____

Officer's name and Employee # that made contact: _____

Do you have facial hair? (Goatee, Mustache, Beard) goatee

List all of your tattoos if any (what they are/where they are) none

_____ none

List any scars you may have no major scars

Do you have any amputations or prosthetics? no

Employer's name and address: self employed (car salesman)

How long have you worked for above employer? (Years/Months) 5 years

How many days a week do you work there? 5

Where did you go to high school? (School name/City/State) Paradise High

Did you graduate from High School? Yes If no highest grade completed _____
(If yes do not fill out Special Education Questionnaire)

Were you in any special classes in school? no

Did you have an IEP (Individual Education Plan)? no

(If inmate answers yes to either of these questions, and is 18-21 years of age proceed to Special Education questionnaire.)

Where did you go to college? College of the Redwoods

Are you currently enrolled in school? If yes, Where? _____

How long have you been attending school? _____

Are you on probation or parole? no Who is your P.O.? _____

Did you serve in the US Military or are you a widow/widower of a Veteran no

Type of discharge. (Circle One)

Honorable/ Other _____

Would you like to speak with a Veterans Service Representative? no
(If inmate answers yes to both questions above notify Veterans Service Officer.)

What other county jails have you been in? King County

What state prisons have you been in? none

Have you ever been in Protective Custody? no

Why were you placed there? (Charges/Enemies/Informant) _____

Have you ever escaped from custody? If yes, where/when? no

Have you ever been written up for rule violations? no

Have you ever been assaulted in custody? no

Do you have any medical or mental disorders? If yes, what are they? General

Anxiety Disorder, Panic Attacks

Do you have any current injuries? Yes What? my knees are scabbed up.

Do you have private health insurance? no Name of company? _____

Have you ever attempted suicide? If so, when? no

Do you feel like killing yourself now? no ✓

Do you drink alcohol? yes How much do you drink in a week?

12 beers

Do you use street drugs? yes What type of drugs do you use? marijuana

How do you use it? (Smoke/Snort/Intravenously) Smoke

Who can we contact in case of an emergency? (Name/Address/Phone) _____

my father Joseph Charles Stilwell ✓
360-908-3407 or 360-519-3617

Do you have any enemies or anyone you cannot be housed with? no ✓

Have you ever been a victim of gang violence? If yes, when? _____

Where? _____ Why? _____

Are you a gang member? no Have you ever been a gang member? no

What is the name of your gang? no gang

What do the members of your gang call you? no

What city did your gang originate in? _____

What turf does your gang claim? _____

Who is your biggest rival gang? _____

Does your gang have any special color or clothing? _____

How many men are in your gang? _____ Women? _____

Classification Officer's Comments: Uccp.

CLASSIFICATION OFFICER: ALR Date: 7-15-12

Classification Enemy Reconciliation Contract

Inmate Name: STILLWELL, JOSEPH Date: 7/1/19

Inmate Name: KIRK, COOL Date: 7/1/19

Due to a verbal, physical or other type of dispute, you have made a choice as to how you want to live while in the Butte County Jail. This decision, whether made by you or for you, has directed Classification staff to list the above mentioned inmates as enemies.

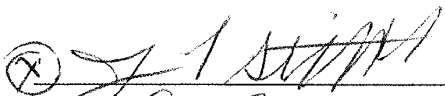
We are offering you an option where you will be able to live in a housing area that you are not necessarily eligible for because of your enemy status. We are offering this as an alternative to remaining in Administrative Segregation or other housing by reconciling the two parties.

Your status from this point forward is up to you. You will be making the decisions about how you want to live for the remainder of your time here. This contract represents a binding agreement between the aforementioned inmates and the Butte County Jail Classification Unit. Both parties are required to sign this agreement to void their enemy status.

Inmate Statement

I understand that I have a choice as to the lifestyle I wish to live in while incarcerated at the Butte County Jail. I understand and agree to abide by the terms stated below.

- JS 104 1. I will not be disruptive or fight with the above mentioned inmate (physically or verbally).
- JS 104 2. I understand that by agreeing to reconcile with the above mentioned inmate his or her name will be removed from my classification enemies list and classification may choose to house me with this inmate at their discretion.
- JS KR 3. I understand that I may be charged criminally and/or with disobeying a lawful order from the correctional staff if I violate this contract.
- JS KR 4. I understand that I may be placed in Administrative Segregation if I am found to be in violation of this contract.
- JS 104 5. I hereby accept full responsibility and liability if I am injured or otherwise harmed because of this decision.
- JS 104 6. I have read, understand, and concur with the above statements.

Inmate Signature: 

Date: 7/1/19

Inmate Signature: 

Date: 7/1/19

Officer Signature: 

Date: 7/1/19

**CLATSOP COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION**

INMATE GRIEVANCE FORM

#190523

INMATE'S NAME: (Last/First)	ID#	HOUSING:	DATE/TIME:
Stilwell, Joseph	171098	G/11	4/23/19 1200
DESCRIBE AND REFERENCE ALLEGED VIOLATION		DATE/TIME OF INCIDENT:	
<p>On the Morning of March 7th, 2019 at approx. 3am, inmate Antonio Hernandez was observed wandering around the dayroom during 'rack status' time when he unscrewed the head of the broom and entered the sleeping area where he continued slowly moving around the bunks in a crouched position until he came to Clarence Beavers bunk (11a). He then proceeded to bash Mr. Beavers head in while he was asleep. I immediately jumped from my bunk (17a) to stop him and in the process received multiple serious injuries including a severe laceration to my head from the weapon (seven staples) and nerve damage to half my scalp (it is still numb), as well as a fractured ankle and a broken patella (knee-cap) which required reconstructive surgery of the bone and fourteen staples. Deputies I spoke with who saw the video, including the tower deputy said he was viewed wandering around the dayroom well before the incident occurred. He never should have been allowed to do so and I believe this whole situation could have been avoided had he been notified of his violation of 'Rack Status' rules after 11:30 pm. Antonio Hernandez had been exhibiting mentally ill behavior since the day he came from 'A-Pod'. Tower deputies Acton and Perez both witnessed his behavior the evening prior to and the morning of the incident.</p>			
INMATE'S SIGNATURE: <i>[Signature]</i>			
RECEIVED BY: HOUSING OFFICER'S INITIALS: JJ		DATE/TIME: 4-23-19 / 1738H	
RECEIVED BY: TEAM SERGANT'S INITIALS: DM		DATE/TIME: 4-23-19 1800	
PROPOSED RESOLUTION:			
Admin. Closed see attached			
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:			
DATE/TIME:			
LIEUTENANT'S RESPONSE:			
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:			
DATE/TIME OF HEARING:			
JAIL COMMANDER'S RESPONSE:			
JAIL COMMANDER'S INITIALS		DATE/TIME OF REVIEW:	
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES'S INITIALS:			

DISTRIBUTION: White-Inmate's File, Canary-Classification, Pink-Inmate, Goldenrod-Inmate's Receipt

J-117 7/00

COB 00061

BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM

GRIEVANCE #: 19-0523

GRIEVANT: Stilwell, Joseph IID# 171098

STEP #1 HEARING OFFICER: D. Mell, Correctional Sergeant

DATE: 4-23-19

Administratively Closed

Mr. Stilwell, it is not against the law to be mentally ill and being mentally ill does not mean that someone is danger to others. There are many mentally ill people that do not display odd or bizarre behavior and you have no awareness to their condition. Being mentally ill does not constitute that someone cannot cohabitate with other people. Just because staff observed someone displaying behavior consistent with having a mental illness it does not constitute that they should have had that individual removed from the housing unit or are in some fashion responsible for their behavior.

Furthermore, there are many inmates who enter and exit the dayroom during night time rack status and they do not pose a threat or cause a disturbance. It would be extremely unnecessary to disrupt and awaken an entire housing unit every time an inmate enters the dayroom during the night as you suggest. As you stated in your grievance Hernandez was "wandering around the dayroom." He was not displaying any behavior that would suggest that he was a threat to anyone until he initiated his assault. As unfortunate as the incident was it was not something that could have been foreseen or expected to occur.

Your grievance has been Administratively Closed because you have failed to articulate a complaint or violation by staff. Instead you have stated a procedure that you "believe" should be carried out by staff.

INITIAL CUSTODY ASSESSMENT SCALE

Inmate Name: BEAVER, CLARENCEID# 174854

1. Severity of Current Charge: Charge: 290 0 2 5 7 Score: 2
 2. Serious Offense History: Charge: 288(A)/FEL PR 0 2 5 7 Score: 5
 3. Escape History: Charge: 0 3 7 Score: 0
 PC4530(a), 4530(b), 4532(b), WI 871, 1768.7

TOTAL ITEMS 1-3: 7

4. Disciplinary History: Three Serious Write-Ups: 1
 Four or More Write-Ups: 3
 Score: 0

5. Prior Felony Convictions (Non Current) None: 0
 One: 2
 Two or More: 4 Score: 4

6. Alcohol and/or Drug Abuse: None: 0
 One to Five: 1
 Six or More: 3 Score: 1

TOTAL ITEMS 1-6: 12

7. Stability Factors: Age 26 or Older: -1
 Employed, Retired, School 6 Months Prior to the Arrest: -1
 Lived at Same Address for 12 Months or More: -1 Score: 3

OVERRIDE: YES NO

TOTAL ITEMS 1-7: 9REASON: PF-290 PCFINAL CUSTODY RATING:
(Circle)

MINIMUM

MEDIUM

MAXIMUM

DNA IN XJAIL: YES NO
 GANG LIST UPDATED: YES NO
 HOLDS/ICE: YES NO
 ENEMIES: YES NO
 PC WAIVER SIGNED: YES NO
 ALL FORMS SIGNED: YES NO

AFFILIATION: _____
 AGENCY: _____
 NAME: _____

PRIMARY CLASSIFICATION OFFICER: [Signature]DATE: 12/3/18SECONDARY CLASSIFICATION REVIEW: [Signature]DATE: 12/13/18

174854

Classification Questionnaire

Last Name: BEAVER First Name: Clarence Initial: _____Any other name(s) you have been known by: N/AStreet Address: 13800 Bothell Everett Hwy 303-629 City: Mill Creek State: WAHow long have you lived at the above address? 6 yearsAre you right handed or left handed? RIGHTWhat is your sexual preference? (Men, Women, Both) WOMENWhat is your religious preference? CHRISTIANWhat is your race or national origin? American IndianIf you are a Foreign National have you contacted a consular or embassy official? N/A

If no, would you like one contacted? _____ Time/Date Contacted: _____

Officer's name and Employee # that made contact: _____

Do you have facial hair? (Goatee, Mustache, Beard) BeardList all of your tattoos if any (what they are/where they are) Left Arm SF fingers
Right arm (GUY WITH 5th eye open)List any scars you may have noneDo you have any amputations or prosthetics? N/AEmployer's name and address: Grizzly Pet ProductsHow long have you worked for above employer? (Years/Months) 5 1/2 yearsHow many days a week do you work there? Mon-Fri

Where did you go to high school? (School name/City/State) *I Casalobte Orangerate Ca

Did you graduate from High School? _____ If no highest grade completed 12
(If yes do not fill out Special Education Questionnaire)

Were you in any special classes in school? n/a

Did you have an IEP (Individual Education Plan)? n/a
(If inmate answers yes to either of these questions, and is 18-21 years of age proceed to Special Education questionnaire.)

Where did you go to college? SF City College

Are you currently enrolled in school? If yes, Where? no

How long have you been attending school? _____

Are you on probation or parole? no Who is your P.O.? _____

Did you serve in the US Military or are you a widow/widower of a Veteran no

Type of discharge. (Circle One)

Honorable/ Other _____

Would you like to speak with a Veterans Service Representative?

(If inmate answers yes to both questions above notify Veterans Service Officer.)

What other county jails have you been in? SF county jail, Snodgrass

What state prisons have you been in? San Quentin

Have you ever been in Protective Custody? no

Why were you placed there? (Charges/Enemies/Informant) n/a

Have you ever escaped from custody? If yes, where/when? no

Have you ever been written up for rule violations? no

Have you ever been assaulted in custody? no

Do you have any medical or mental disorders? If yes, what are they? no

Do you have any current injuries? yes What? lower lumbar

Do you have private health insurance? yes Name of company? Regence BlueShield

Have you ever attempted suicide? If so, when? no

Do you feel like killing yourself now? no

Do you drink alcohol? yes How much do you drink in a week?

6 cogs

Do you use street drugs? no What type of drugs do you use? n/a

How do you use it? (Smoke/Snort/Intravenously) n/a

Who can we contact in case of an emergency? (Name/Address/Phone) Allison

Beaver (425-354-9574) Wife

Do you have any enemies or anyone you cannot be housed with? no

Have you ever been a victim of gang violence? If yes, when? no
Where? no Why?

Are you a gang member? no Have you ever been a gang member? no

What is the name of your gang? n/a

What do the members of your gang call you? n/a

What city did your gang originate in? n/a

What turf does your gang claim? n/a

Who is your biggest rival gang? n/a

Does your gang have any special color or clothing? n/a

How many men are in your gang? n/a Women? n/a

Classification Officer's Comments: Polite / CCO

CLASSIFICATION OFFICER: [Signature] Date: 12-3-11



BUTTE COUNTY SHERIFF'S OFFICE
INTER-DEPARTMENTAL MEMORANDUM

GRIEVANCE #: 19-0337

GRIEVANT: Beaver, Clarence IIF 174854 (G11A)

STEP #1 HEARING OFFICER: K. Turner, Correctional Sergeant

DATE: March 19, 2019 @ 0930 hours

As it has been explained to you, it is an ongoing investigation and releasing said reports could compromise said investigation. You may obtain portion of the report through discovery with your attorney.

GRIEVANCE DENIED

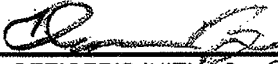

We have not violated any constitutional right, federal or state law, Title 15 requirement and county or city ordinance. No facility rules or regulations have been violated. No further action will be taken on this grievance. You have exhausted all administrative recourse for your grievance.

CRIME Report
Request.

BUTTE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

INMATE GRIEVANCE FORM

#19-0337

INMATE'S NAME: (Last/First) BEAVER, CLARENCE	ID# 174854	HOUSING: G11A	DATE/TIME: 3/18/19 0600
DESCRIBE AND REFERENCE ALLEGED VIOLATION		DATE/TIME OF INCIDENT:	
<p>I AM Declaring That ON 3-7-19 The listed Below STATEment of facts occurred ON The Butte County Jails Premises Between The Hours of 200 300 At Night. Deputy Perez stated He saw Inmate ANTONIO Hernandez In Bunk 20B was In fact walking around IN THE DAY Room with The Broom End But failed to Act on what He was Doing with His abnormal Behavior. I AM Requesting The Crime Report from which was Prepared By The Butte County Sheriff's Office. I AM A victim of A Violent Crime. I AM Requesting That I Be Forwarded A COPY of The Report Prepared By Your Department For The violent out Rage of An Attack. IS The Investigation Over? My Specific Action for this Grievance IS That It Be Forwarded to The Jail Commander for Review AS well AS Grievance # 19-0299. I was assaulted In my Sleep</p>			
INMATE'S SIGNATURE: 		03-19-19	
RECEIVED BY: HOUSING OFFICER'S INITIALS: J64		DATE/TIME: 3/19/19- 0817	
RECEIVED BY: TEAM SERGANT'S INITIALS: 		DATE/TIME: 3/19/19 0930	
PROPOSED RESOLUTION:			
Denied - See attached			
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:			
DATE/TIME:			
LIEUTENANT'S RESPONSE:			
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:			
DATE/TIME OF HEARING:			
JAIL COMMANDER'S RESPONSE:			
JAIL COMMANDER'S INITIALS			
DATE/TIME OF REVIEW:			
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES'S INITIALS:			

DISTRIBUTION: White-Inmate's File, Canary-Classification, Pink-Inmate, Goldenrod-Inmate's Receipt

J-117 7/00

COB 00069

611

Grievance #: 19 – 0299
Grievant: Beaver, Clarence IID# 174854
Date: March 13, 2019
Step two hearing officer: Robert Hadley, Correctional Lieutenant

Inmate Beaver,

The Inmate Grievance Form is not the proper method for seeking the request made in your grievance.

The Sheriff's Office has referred this crime to the District Attorney for prosecution.

The Sheriff's Office does not assume responsibility for the actions of every incarcerated person in the Butte County Jail, nor does the Sheriff's Office have the authority to grant or deny monetary damages on behalf of the County of Butte.

Grievance Administratively Closed.

**BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM**

GRIEVANCE #: 19-0185

GRIEVANT: Beaver, Clarence (174854)

STEP #1 HEARING OFFICER: J. Castillon

DATE: 3/12/19 @ 2300

Mr. Beaver you were unfortunately a victim of an assault by inmate Hernandez. The jail was not responsible for Hernandez's actions as he acted on his own accord. We cannot schedule a hearing within the jail to discuss monetary compensation for your injuries.

The incident in question has been referred to the District Attorney Office for prosecution. As a victim of a crime you can contact the Butte County Victim/Witness Assistance Center and inquire about your rights as a victim and inquire how you can pursue restitution from Hernandez.

Victim-Witness Assistance Center
Butte County District Attorney's Office
25 County Center Drive., Suite 218
Oroville, CA 95965
Phone: (530) 538-7340
Fax: (530) 534-8301

Mr. Beaver on the day you were assaulted you were initially assessed by the jails medical unit and you were sent out to Oroville Hospital for further treatment. Your grievance was unclear on whether you are grieving the medical unit for the treatment they provided to you on the day of the incident or whether you are grieving the hospital for the treatment they provided. If you have an issue on the treatment the jail medical staff

provided, you need to resubmit another grievance on how the medical unit did not provide adequate care. You cannot submit a jail grievance, grieving the hospital since it is an entire different entity. You can request your medical records from the jails medical unit by submitting a request form requesting your medical records.

**BUTTE COUNTY SHERIFF'S OFFICE
INTERDEPARTMENTAL MEMORANDUM**

GRIEVANCE #: 19-0185

GRIEVANT: Beaver, Clarence (174854)

STEP #1 HEARING OFFICER: J. Castillon

DATE: 3/12/19 @ 0300

Mr. Beaver your grievance has been received and there will be a slight delay until your grievance could be properly looked into and answered.

BUTTE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

19-0299

INMATE GRIEVANCE FORM

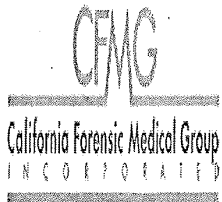
#

INMATE'S NAME: (Last/First)	DEAVER, CLARENCE	ID#	174854	HOUSING:	G/1A	DATE/TIME:	3/11/19 1030
DESCRIBE AND REFERENCE ALLEGED VIOLATION				DATE/TIME OF INCIDENT:			
<p>I Declare on this DAY 3-7-19 The listed Below Statement of Facts occurred on Butte County Jails Premises Between The Hours of 200/300 @ Night in 6 Pod Bunk 11A I was Aggressively Assaulted By Inmate [Antonio Hernandez] in Bunk 20B I was In fact assaulted in my sleep The cameras Footage From G-Pod Delta tower will Affirm Directly upon Frontal view First Hand I was struck in left Hand side of my face my Bones fractured and Broken listed in my medical Documents Here at The JAIL medical well Path Program manager Contractor of The Buttes main facility [Audrea Thompson] and as well as The Oroville Hospital 2767 Olive Hwy Oroville, CA 95966. A Specific Action of is That A Hearing Be Set to Discuss A Monetary Settlement for Damages and for Surgery Reconstruction facial Surgery I Have a mobility IMPAIRMENT That substantiate one or more Daily life activities Physical or mental walking seeing speaking working section 504 of Rehabilitation Act of 1973</p>							
INMATE'S SIGNATURE:				03.11.19			
RECEIVED BY: HOUSING OFFICER'S INITIALS:				DATE/TIME: 3/11/19 @ 1657			
RECEIVED BY: TEAM SERGANT'S INITIALS:				DATE/TIME: 3/11/19 @ 2255			
PROPOSED RESOLUTION:							
SEE ATTACHED.							
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input checked="" type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS: CB 5:59pm							
DATE/TIME: 03.13.19							
LIEUTENANT'S RESPONSE:							
SEE ATTACHED RESPONSE.							
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:							
E.R. Holey 3/13/19 @ 1109 DATE/TIME OF HEARING:							
JAIL COMMANDER'S RESPONSE:							
JAIL COMMANDER'S INITIALS							
DATE/TIME OF REVIEW:							
GRIEVANCE HAS <input type="checkbox"/> HAS NOT <input type="checkbox"/> BEEN RESOLVED TO MY SATISFACTION. INMATES' INITIALS:							

DISTRIBUTION: White-Inmate's File, Canary-Classification, Pink-Inmate, Goldenrod-Inmate's Receipt

J-117 7/00

COB 00074

**Butte County**

7 Gillick Way

Oroville, California 95965

Phone : (530) 538-7593, Fax : (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: STILWELL JOSEPH LEO **Inmate No:** 171098 **Gender:** MALE **MRN:** 38237
DOB: 07/07/1974 **Booking Date:** 07/15/2017 **Booking No:** 17-006660

Enc. No : 083996-H1 **Enc. Date :** 3/7/2019 **Enc. Via :** In-Person **Category :** Health
Call Type : Manual **Call For :** Nurse **Visit :** New Encounter
Enc. Type :

Visit

Chief Complaints: 415

Problem Description:

Evaluation:

Severity:

Allergy

NKA

Vitals**Vital Date:** 03/07/2019 03:23 AM

Location : <Left Arm> BP : (Seated) <158 / 98> mmHg Heart Rate : <83 bpm> Respiration : <18 bpm> SpO2 : <97 %>

Physical Exam

SKIN CONDITION: Location; right side forehead. laceration approx 8 cm long, and deep enough to see fatty tissue.

MUSCULOSKELETAL- TRAUMA: Range of Motion; decreased deformity to left knee cap.

Diagnosis**Referrals**

Inmate Referred at Oroville Hospital by Lawrence Brandie on 3/7/2019

Sign Off Note

Disposition : Close

Created By : Lawrence Brandie

Date : 3/7/2019 3:29:36 AM

Notes : complete

Signature

Auto Code signed by Lawrence Brandie on 03/07/2019 03:29



Butte County
 7 Gillick Way
 Oroville, California 95965
 Phone : (530) 538-7593, Fax : (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: STILWELL JOSEPH LEO **Inmate No:** 171098 **Gender:** MALE **MRN:** 38237
DOB: 07/07/1974 **Booking Date:** 07/15/2017 **Booking No:** 17-006660

Enc. No : 084257-H1 **Enc. Date :** 3/11/2019 **Enc. Via :** In-Person **Category :** Health
Call Type : Manual **Call For :** Nurse **Visit :** New Encounter
Enc. Type :

Visit

Chief Complaints: omc return

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
Rai Harjot	3/11/2019 11:42:52 AM	omc return seen 10:30 approx, pt. given WC. a/o x4, perla 3mm 3mm, cap refill brisk, CV s1 s2, lungs CTA b/l, +2 ble bue pulses, NAD. vitals stable. 7 stitches to right side of forehead and 14 stitches left knee. omc docs recieved.
Rai Harjot	3/11/2019 11:45:36 AM	on site provider notified, orders to cont d/c medications.
Rai Harjot	3/11/2019 11:54:12 AM	pt. compliant with d/c instructions

Allergy

NKA

Vitals

Vital Date: 03/11/2019 10:30 AM

Location : <Right Arm> BP : (Seated) <132 / 84> mmHg Temperature : <98.9 °F Forehead> Heart Rate : <94 bpm> Regularity : <Regular>
 Respiration : <16 bpm> Type : <Normal> Subjective Pain : <0> SpO2 : <99 %> Note: <omc return>

Diagnosis

Medication

Amox/Clav (Augmentin) 875mg/125mg ; Sig : Administer 1 TAB by mouth 2 Time(s) per Day : AM, PM for 5 Day
 Start Date : 03/11/2019 , End Date : 03/16/2019

Ibuprofen (Motrin) 400mg Tablet ; Sig : Administer 1 TAB by mouth 3 Time(s) per Day : AM, N, PM for 5 Day
 Start Date : 03/11/2019 , End Date : 03/16/2019

Sign Off Note

Disposition : Close

Created By : Uniek EMR System

Date : 3/12/2019 11:52:30 AM

Notes : Auto closed by system.

Disposition : Authorization Request

Created By : Rai Harjot

Date : 3/11/2019 11:57:25 AM

Notes :

Signature



Auto Code signed by Rai Harjot on 03/11/2019 11:57

**Butte County**

7 Gillick Way

Oroville, California 95965

Phone : (530) 538-7593, Fax : (530) 538-7035

ENCOUNTER SUMMARY REPORT**Inmate Name:** STILWELL JOSEPH LEO**Inmate No:**171098**Gender:**MALE**MRN:**38237**DOB:** 07/07/1974**Booking Date:**07/15/2017**Booking No:** 17-006660**Enc. No :** 084362-H1**Enc. Date :** 3/12/2019**Enc. Via :** In-Person**Category :** Health**Call Type :** Manual**Call For :** Mid-level Provider Visit : New Encounter**Enc. Type :**Visit

Chief Complaints: hospital return r/t patella fracture

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
Rayome Ryan	3/12/2019 9:57:35 AM	<p>S: Hospital return s/p head laceration, left patella fx repair, left navicular fx. Pt had surgery for patellar repair and has follow up scheduled with ortho. Navicular fx was non displaced.</p> <p>O: General - no acute distress Cardiac - RRR, no murmurs Pulmonary - CTA, no wheezes Skin - 7 staples present in right forehead Extremities - left knee wrapped and braced</p> <p>A: Forehead laceration s/p repair Left patella fx s/p repair Left navicular fx, non displaced</p> <p>P: Staple removal in 1 week F/U ortho</p>

Allergy

NKA

DiagnosisFollowup Plan

FollowUp Appointment is set on 03/18/2019 from 12:00 AM to 12:00 AM for Staple removal to left leg

Original Appointment Details : FollowUp Appointment is set on 03/19/2019 from 12:00 AM to 12:00 AM with PA NP for Staple removal to left legSign Off Note

Disposition : Close

Created By : Rayome Ryan

Date : 3/12/2019 9:58:29 AM

Notes :

Signature

Auto Code signed by Rayome Ryan on 03/12/2019 09:58

**Butte County**

7 Gillick Way

Oroville, California 95965

Phone : (530) 538-7593, Fax : (530) 538-7035

ENCOUNTER SUMMARY REPORT**Inmate Name:** STILWELL JOSEPH LEO**Inmate No:** 171098**Gender:** MALE**MRN:** 38237**DOB:** 07/07/1974**Booking Date:** 07/15/2017**Booking No:** 17-006660**Enc. No :** 084799-H1**Enc. Date :** 3/18/2019**Enc. Via :** In-Person**Category :** Health**Call Type :** Manual**Call For :** Mid-level Provider Visit : Followup**Enc. Type :****Visit**

Chief Complaints: Staple removal to left leg

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
Rayome Ryan	3/18/2019 3:56:14 PM	<p>S: F/U left patella surgery. Surgery was 11 days ago. Pt scheduled to have staples removed today. No complaints.</p> <p>O: General - NAD Cardiac - RRR, no murmurs Pulmonary - CTA, no W/R/R Ext - staples present to left anterior knee surgical wound. Well healing, no erythema, no warmth, no swelling, no tenderness, no dehiscence, no drainage.</p> <p>A: Staple removal</p> <p>P: Staples removed without complication</p>

Allergy

NKA

Diagnosis**Sign Off Note**

Disposition : Close

Created By : Rayome Ryan

Date : 3/18/2019 3:56:27 PM

Notes :

Signature

Auto Code signed by Rayome Ryan on 03/18/2019 15:56



Butte County
 7 Gillick Way
 Oroville, California 95965
 Phone : (530) 538-7593, Fax : (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: BEAVER CLARENCE Inmate No: 174854 Gender: MALE MRN: 48222
 DOB: 02/25/1971 Booking Date: 12/12/2018 Booking No: 18-013124

Enc. No : 084903-H1 Enc. Date : 3/20/2019 Enc. Via : In-Person Category : Health
 Call Type : Sick Call Call For : Mid-level Provider Visit : New Encounter
 Enc. Type :

Visit

Chief Complaints: c/o facial pain and numbness at the temple
 Problem Description:
 Evaluation:
 Severity:

General Notes :-

Created By	Created Date	Notes
Colvin Jed	3/20/2019 7:16:59 PM	S: Left sided facial pain, known fracture. Improved from previous week. concern of numbness O: Edema to left side of face (improved from previous week). Sharp and dull sensation intact. a/p facial fx, pt has follow up, counseled. Symptoms improved. Continue soft diet

Allergy

NKA

Diagnosis

MS-Non Traumatic: Vague Muscle Pain SP (N-Ald) Onset : 03/20/2019 Assessment : Same

Sign Off Note

Disposition : Close
 Created By : Colvin Jed
 Date : 3/20/2019 7:17:10 PM
 Notes :
 Signature

Auto Code signed by Colvin Jed on 03/20/2019 19:17

Enc. No : 084233-H1 Enc. Date : 3/13/2019 Enc. Via : In-Person Category : Health
 Call Type : Sick Call Call For : Mid-level Provider Visit : New Encounter

Enc. Type :Visit

Chief Complaints: requests mech soft diet.
(current diet ended 3/11/19)

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
Colvin Jed	3/13/2019 6:56:26 PM	S: Follow up on facial fractures, would like to continue soft diet and pain medications. Counseled on opioids. No changes in vision O: Diffuse contusion with mild edema to left side of face, subconjunctival hemorrhage present, A&Ox4, non-toxic, no distress a/p Facial fx, soft diet, nsaid and tylenol

Allergy

NKA

DiagnosisMedication

Ibuprofen (Motrin) 600mg Tablet ; Sig : Administer 1 TAB by mouth 2 Time(s) per Day : AM, PM for 15 Day

Start Date : 03/14/2019 , End Date : 03/28/2019

Acetaminophen (Tylenol) 500mg Tab ; Sig : Administer 2 TAB by mouth 2 Time(s) per Day : AM, PM for 15 Day

Start Date : 03/14/2019 , End Date : 03/28/2019

Diet Plan

Dental Soft (Mechanical Soft) Start Date : 03/14/2019 Referred By : Colvin Jed End Date : 03/25/2019 End By :

Sign Off Note

Disposition : Close

Created By : Colvin Jed

Date : 3/13/2019 6:58:29 PM

Notes :

Signature


Auto Code signed by Colvin Jed on 03/13/2019 18:58

Enc. No : 084038-H1

Enc. Date : 3/7/2019

Enc. Via : In-Person

Category : Health

Call Type : Manual

Call For : Mid-level Provider Visit : Followup

Enc. Type :

Visit

Chief Complaints: Follow Up, hosp return. Facial fx

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
Asafa Olusola	3/7/2019 10:13:10 AM	<p>Pt seen for left facial pain. Seen in the ER at Oroville yesterday and was given IBU for pain and to follow up with Dr Landis. Yet to start pain meds.</p> <p>PE: Left periorbital swelling/tenderness, EOMI, able to see and count finger held abt 1ft away from the eye, left bulbar conjunctival injection</p> <p>Ass:</p> <p>Facial pain Facial bone fracture s/p alleged assault</p> <p>Plan:</p> <p>IBU as planned Ice pack F/U with Dr Landis as planned</p>

Allergy

NKA

DiagnosisSign Off Note

Disposition : Close

Created By : Asafa Olusola

Date : 3/7/2019 10:13:52 AM

Notes :

Signature


Auto Code signed by Asafa Olusola on 03/07/2019 10:13

Enc. No : 084018-H1	Enc. Date : 3/7/2019	Enc. Via : In-Person	Category : Health
Call Type : Manual	Call For : Nurse	Visit : New Encounter	
Enc. Type :			

Visit

Chief Complaints: hospital return

Problem Description:

Evaluation:

Severity:

Allergy

NKA

Vitals**Vital Date: 03/07/2019 07:13 AM**

Location : <Right Arm> BP : (Seated) <140 / 90> mmHg Heart Rate : <84 bpm> Respiration : <18 bpm> SpO2 : <98 %>

Diagnosis

MS-Non Traumatic: Vague Muscle Pain SP (N-Ald) O. 03/07/2019 Assessment : New

Medication

Ibuprofen (Motrin) 600mg Tablet ; Sig : Administer 1 TAB by mouth 2 Time(s) per Day : AM, PM for 5 Day for pain
 Start Date : 03/07/2019 , End Date : 03/12/2019

Followup Plan

FollowUp Appointment is set on 03/07/2019 from 12:00 AM to 12:00 AM for Follow Up,hosp return. Facial fx

Diet Plan

Dental Soft (Mechanical Soft) Start Date : 03/07/2019 Referred By : Lawrence Brandie End Date : 03/11/2019 End By : Lawrence Brandie

Instruction

Patient Education: Rest, elevate affected extremity

Patient Education: Return to Clinic in 3 days if problem is not resolved

Privileges

Privilege Name	Referred By	From date	To Date	Note
ICE	Lawrence Brandie	3/7/2019	3/8/2019	

Sign Off Note

Disposition : Close

Created By : Uniek EMR System

Date : 3/8/2019 7:20:35 AM

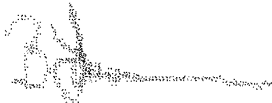
Notes : Auto closed by system.

Disposition : Authorization Request

Created By : Lawrence Brandie

Date : 3/7/2019 7:20:25 AM

Notes : complete

Signature


Auto Code signed by Lawrence Brandie on 03/07/2019 07:20

Enc. No : 083997-H1

Enc. Date : 3/7/2019

Enc. Via : In-Person

Category : Health

Call Type : Manual

Call For : Nurse

Visit : New Encounter

Enc. Type :

Visit

Chief Complaints: 4-15

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
------------	--------------	-------

Shoemaker Daniela	3/7/2019 3:43:35 AM	C: 14-15. IM brought in the Med unit. IM presented a sup [redacted] laceration on the left eyebrow, about 5 cm long not actively bleeding. Vitals elevated, IM able to ambulate and move all extremities with some difficulty. Unable to open his mouth r/t excruciated pain. Left side of the face presented a visible deformity. RN Lawrence presented decided to sent the IM to the ER via custody transport.
-------------------	---------------------	--

Allergy

NKA

Vitals**Vital Date:** 03/07/2019 03:28 AM

Location : <Right Arm> BP : (Seated) <150 / 90> mmHg Heart Rate : <90 bpm> Respiration : <22 bpm> SpO2 : <93 %>

DiagnosisReferrals

Inmate Referred at Oroville Hospital by Lawrence Brandie on 3/7/2019

Sign Off Note

Disposition : Close

Created By : Shoemaker Daniela

Date : 3/7/2019 3:46:18 AM

Notes :

Signature


Auto Code signed by Shoemaker Daniela on 03/07/2019 03:46

(2767 Olive Hwy)
 Oroville, CA 95964
 Phone: (530) 532-8580
 Fax: (530) 532-8434

OROVILLE HOSPITAL

Fax

TO: BUTTE CO JAIL	SENDER NAME: BRANDY
ATTN:	
RECIPIENT FAX: 530.538.7035	SENDER FAX: 530-532-8434
RECIPIENT PHONE: 530.538.7593	SENDER PHONE: 530-532-8580
RE: BEAVER, CLARENCE	DATE: 3/7/2019
MR#: 495718	PAGES: 5 (including this coversheet)

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

COMMENTS: ER PHYSICANS NOTE 3/7/19. FOR CONTINUITY OF CARE

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MEDICAL RECORD

Printed: 03/07/2019 10:15 PAGE 1

Progress Notes

NOTE DATED: 03/07/2019 03:48
LOCAL TITLE: ER PHYSICIAN NOTE
STANDARD TITLE: EMERGENCY MEDICINE NOTE
VISIT: 03/07/2019 03:48 ER-EMERGENCY ROOM

TIME SEEN:
0345

ROOM:
Sick

ARRIVAL:
Private vehicle

HISTORIAN:
Patient

SCRIBED BY:
Adam Yang

CHIEF COMPLAINT:
Assault

HISTORY:
48 year old male, brought in from jail s/p assault. Patient was sleeping when another inmate hit him with the end of a broom stick to the left orbital region, currently with swelling around his left eye with difficulty opening his eye secondary to the pain. Denies any vision change, bleeding currently controlled. He additionally has a headache and left anterior distal leg pain. Denies any fever, chills, CP, SOB, N/V/D, or abdominal pain. Pt is ambulatory.

REVIEW OF SYSTEMS:

Positive for:

HEENT: Periorbital swelling
MSK: Extremity pain
Neuro: Headache

Negative for:

General: Fever, Chills

HEENT: Sore throat

CV: Chest pain, Palpitations

Lungs: Cough, Shortness of breath

GI: Nausea, Vomiting, Diarrhea, Abdominal pain

GU: Dysuria

MSK: Neck pain

Skin: Rash

*** THIS NOTE CONTINUED ON NEXT PAGE ***

BEAVER, CLARENCE
OROVILLE HOSPITAL
Medical Record No.: 435718
DOB: 02/25/1971
Pt Loc: OUTPATIENT
Report Title: ER PHYSICIAN NOTE

MEDICAL RECORD

Progress Notes

Printed: 03/07/2019 10:15 PAGE 2

03/07/2019 03:48

** CONTINUED FROM PREVIOUS PAGE **

All other systems negative

PAST MEDICAL PROBLEMS:

Tobacco dependence

MEDICATIONS:

None

ALLERGIES:

No known allergies

SOCIAL HISTORY:

Smokes 1 ppd

Occasional alcohol

History of meth use, last used 10 years ago

VITAL SIGNS:

03/07/19

04:27

T: 100.4 F (38.0 C) (TYMPANIC)

P: 90

R: 20*

B/P: 140/86*

Pulse Oximetry: 97%

Pain: 6

Nursing assessment and vital signs reviewed.

PHYSICAL EXAM:

GENERAL:

Mild distress, uncomfortable, appears stated age

HEAD:

Swelling to left side of face, lateral to left eye, spreading down to mid-check. 5mm linear abrasion lateral to left eye, no bleeding. Vision in left eye normal. Teeth nontender, remainder of face exam unremarkable.

EYES:

Normal conjunctiva, anicteric

PERRLA, BOMI

As above

NECK:

Nontender, no stepoff or deformity, normal ROM.

Trachea midline

** THIS NOTE CONTINUED ON NEXT PAGE **

BEAVER, CLARENCE

OROVILLE HOSPITAL

Medical Record No.: 495718

DOB: 02/25/1971

Pt Loc: OUTPATIENT

Report Title: ER PHYSICIAN NOTE

MEDICAL RECORD

Progress Notes

Printed: 03/07/2019 10:15 PAGE 3

03/07/2019 03:48

** CONTINUED FROM PREVIOUS PAGE **

No JVD

LUNGS:

Clear to auscultation bilaterally, no wheezing, rales or rhonchi, symmetric expansion.

CARDIOVASCULAR:

Regular rate and rhythm, no murmurs, rubs or gallops.

CHEST:

Non tender, no crepitus or deformity

ABDOMEN:

Soft, nondistended, no palpable masses

Nontender, no guarding or rebound

Normal bowel sounds

EXTREMITIES:

Tender hematoma to distal left tibia proximal to the ankle, no other trauma noted.

BACK:

Non tenderness, stepoffs or deformity, no CVAT

PSYCHIATRIC:

Normal affect and speech patterns, cooperative

SKIN:

Clear, dry, intact, no rashes or lesions, no pallor

RADIOLOGY:

CT Head:

Impression:

1. No evidence of acute intracranial process.
 2. Left orbital and maxillofacial fractures with blood products in the sinuses. See dedicated CT maxillofacial for details.
- Electronically signed by: Morgan Haile, MD on 03/07/2019 04:55:43

CT Maxillofacial:

Impression:

1. Nondisplaced left orbital floor fracture and comminuted lateral wall fracture. Small amount of intraorbital-extracanal hemorrhage seen laterally. Mild left proptosis without retrobulbar hematoma. Left periorbital and facial soft tissue swelling and contusion.
 2. Fractures of the anterior and posterior walls of the left maxillary sinus and left zygomatic arch as above. Blood products in the sinus.
- Electronically signed by: Morgan Haile, MD on 03/07/2019 05:00:28

Left Tib/Fib XR:

** THIS NOTE CONTINUED ON NEXT PAGE **

BEAVER, CLARENCE
CROVILLE HOSPITAL
Medical Record No.: 495718
DOB: 02/25/1971
Pt Loc: OUTPATIENT
Report Title: ER PHYSICIAN NOTE

MEDICAL RECORD

Progress Notes

Printed: 03/07/2019 10:19 PAGE 4

03/07/2019 08:48

** CONTINUED FROM PREVIOUS PAGE **

Impression:

1. Mild arthritis.

- electronically signed by: Todd D. Greenberg M.D. CSCS MD on
03/07/2019 04:25:45

INTERVENTIONS:

Tylenol 975mg PO

PROGRESS:

Patient seen and evaluated at bedside. Discussed symptoms. Tylenol given with improvement re-check temp=99.0.

0510- Dr. Landis called, case discussed. Recommends do not blow nose, ice pack to area, see in his office in 3-5 days.

Reviewed imaging and Dr. Landis's recommendations with patient. He understands and agrees to treatment plan.

S.I.R.S. not met at this time

CLINICAL IMPRESSION:

s/p assault

Left orbital floor fracture

Comminuted lateral orbital wall fracture

Anterior and posterior wall of maxillary sinus fractures

Left zygomatic arch fracture

Medically cleared to return to law enforcement

PLAN:

Release from ED back to jail

Strict return precautions

Rest and fluids

Follow up with Dr. Landis in 3-5 days

CONDITION:

Condition: Stable

Signed by: /es/ CYNTHIA CELLUCCI CHWALIK, MD
NPI 1457491359
03/07/2019 06:10

BEAVER, CLARENCE

OROVILLE HOSPITAL

Medical Record No.: 495718

DOB: 02/25/1971

PL LOC: OUTPATIENT

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS
STANDARD TITLE: EMERGENCY DEPT DISCHARGE NOTE
DATE OF NOTE: MAR 07, 2019 05:24 ENTRY DATE: MAR 07, 2019 05:24:16
AUTHOR: CELLUCCI CHWALIK, CY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Oroville Hospital
Emergency Services Department
2767 Olive Highway
Oroville, CA 95966
(530) 533-8500

Patient Name: CLARENCE BEAVER

This form provides you with initial instructions about your medical care.
Please keep this form with you in case you need further care.

You were seen today by: Dr. Cellucci

Your Diagnosis: Assault, left facial fractures, left leg hematoma

Your expected course of illness is:
It may take 7-10 days to improve

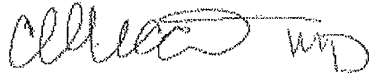
Instructions: Apply ice pack to left face 20 minutes 3 times daily
Call Dr. Landis as below
Do NOT blow through your nose
Soft diet for 4 days

Medications:
None

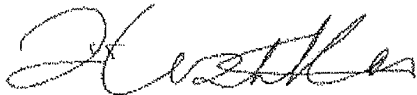
Follow up Instructions:
Call Dr. Landis for an appointment next week: 530-533-7900.

*Return to the Emergency Department immediately if you develop any new or
worsening symptoms, your problems persist longer than advised by your
Emergency Department provider, or you have any other concerns.

Instructions given by:



I have received and understand these instructions:



/es/ CYNTHIA CELLUCCI CHWALIK, MD
NPI 1457491359
Signed: 03/07/2019 05:28

F19 For incarceration
Cellucci MD





COB 00094



COB 00095



COB 00096



COB 00097



COB 00098





COB 00100



COB 00101



COB 00102



COB 00103

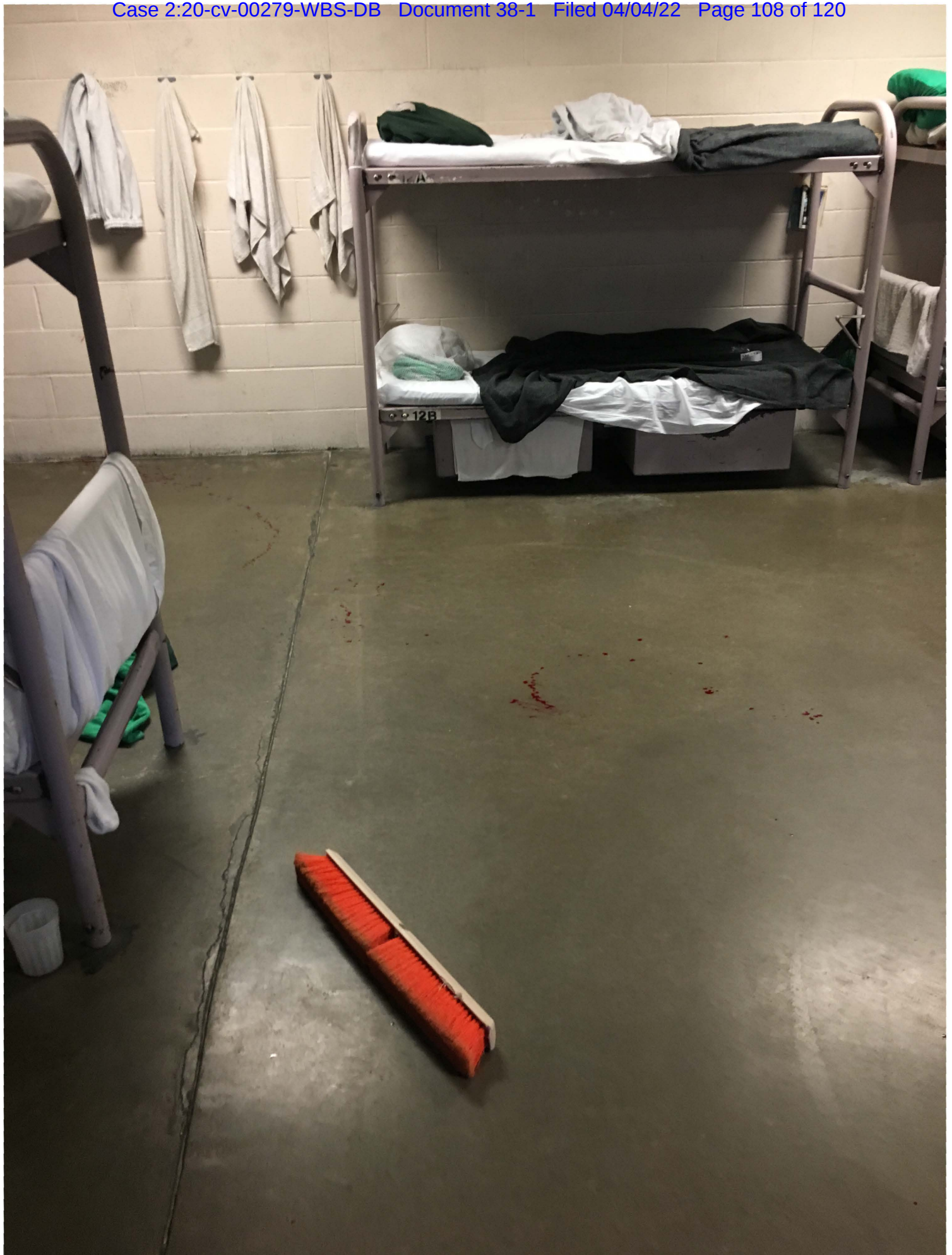


COB 00104



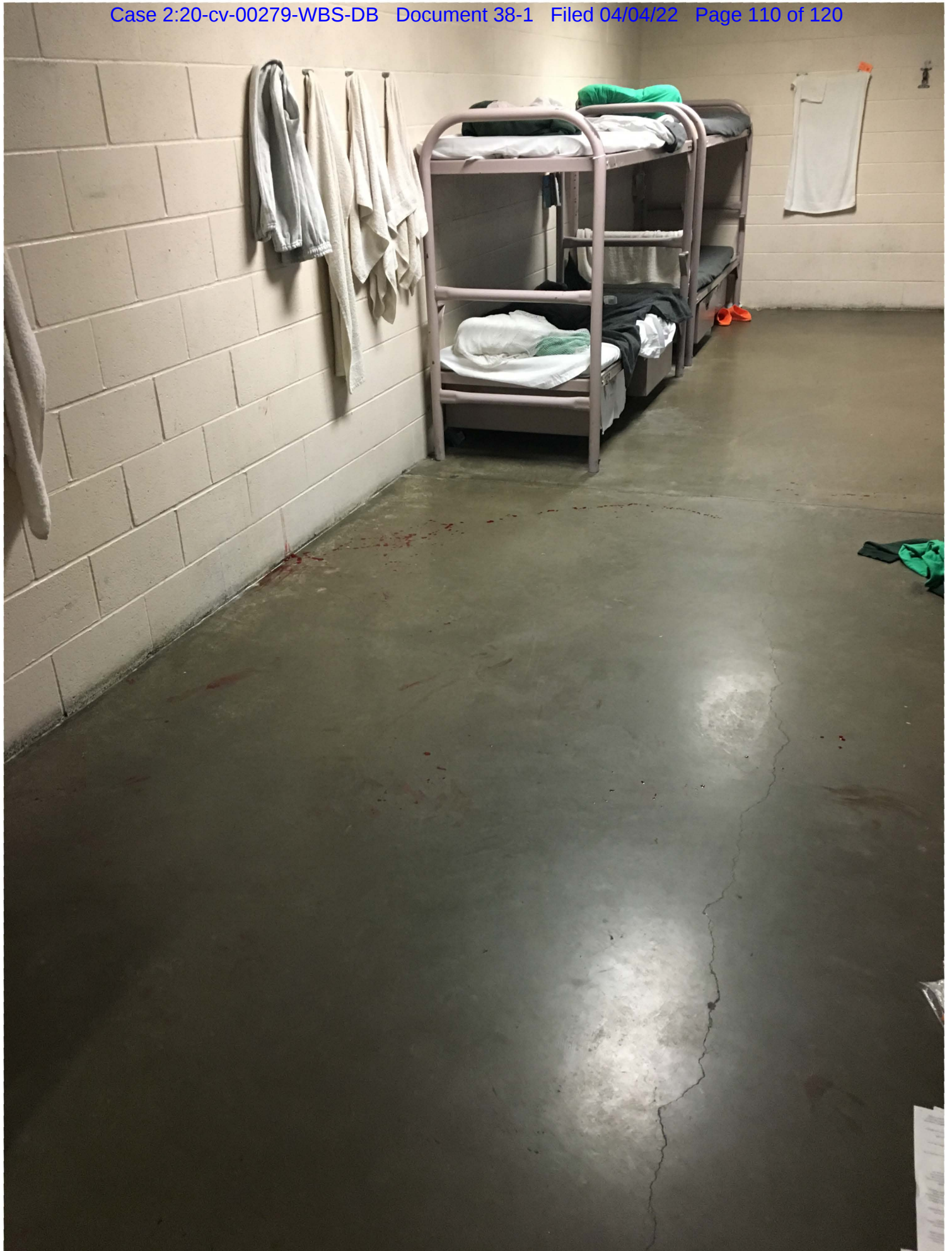
COB 00105



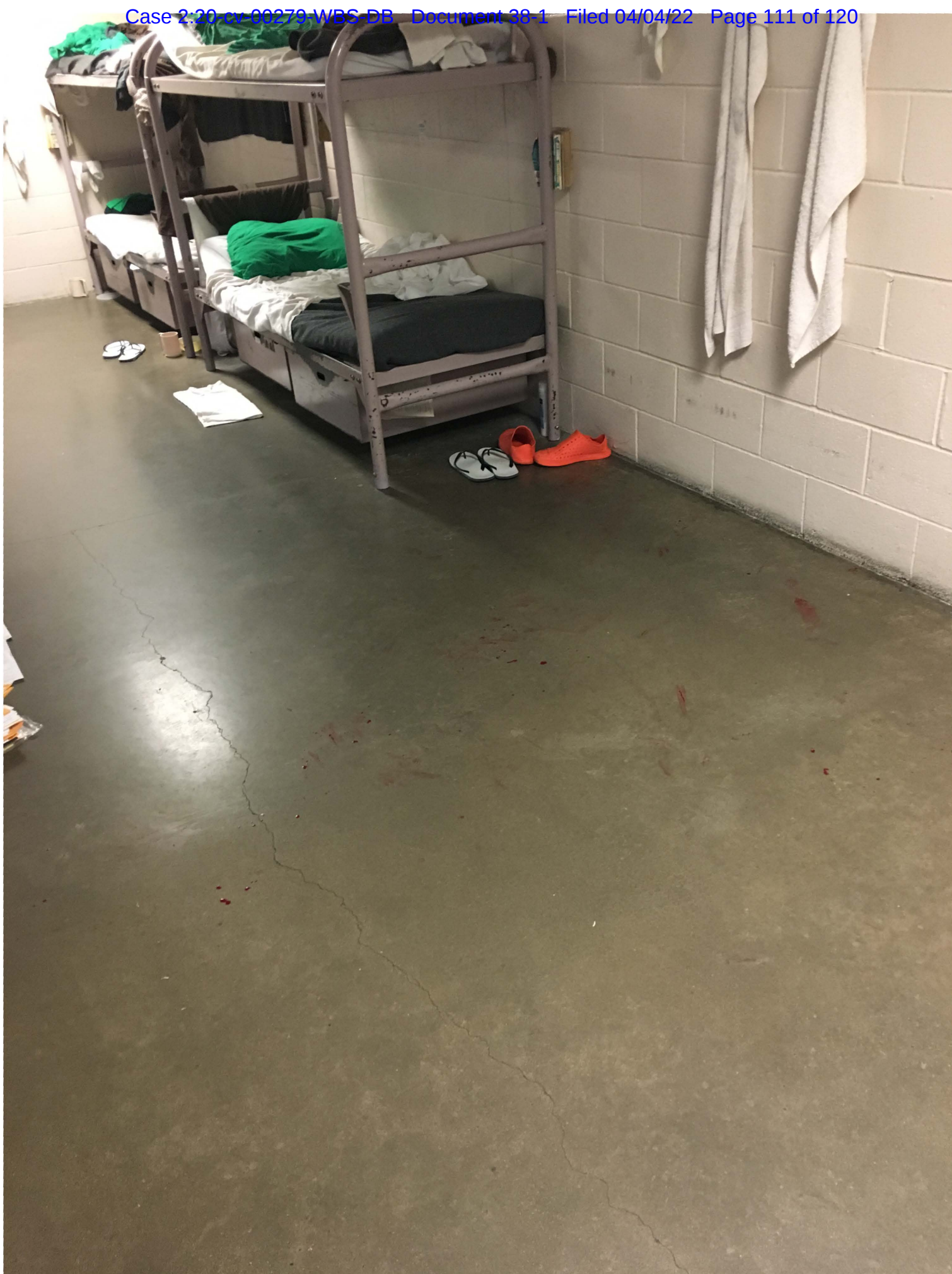


COB 00107





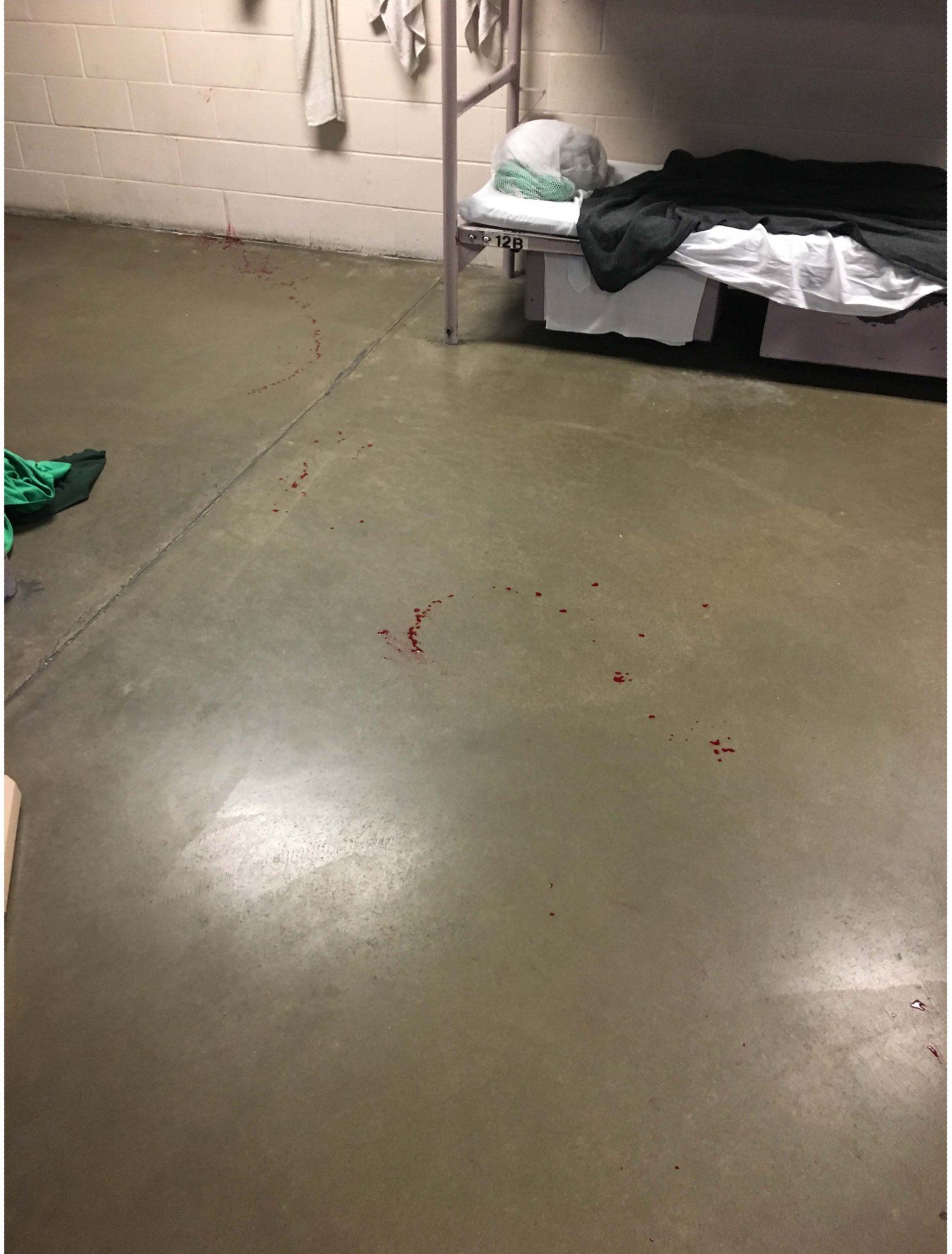
COB 00109



COB 00110



COB 00111



COB 00112



COB 00113



COB 00114





COB 00116



COB 00117



COB 00118



COB 00119